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City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1957

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

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MEDICAL OFFICER OF HEALTH

Members of the Health Committee,

1957.

Chairman :

Alderman G. H. GOULDEN, J.P.

Deputy Chairman :

Alderman M. C. WHITEHEAD (Miss)

Alderman S. W. DAVIS
„ E. A. HARDY, J.P.
„ T. C. LOFTUS
„ E. E. MALLINSON (Mrs.)
„ J. SHLOSBERG, J.P.
Councillor B. BURCHILL
„ H. CALDERWOOD
„ E. M. COOPER (Mrs.) J. P.

Councillor S. DAVIES, J.P.
„ A. JONES
„ G. M. JOPLIN
„ F. M. MARRON (Mrs.)
„ M. PENDLEBURY (Mrs.)
„ E. RIDING (Mrs.)
„ N. WRIGHT

together with the following recommended member

Dr. F. M. RIFKIN

STAFF—1957.

MEDICAL OFFICER OF HEALTH ... J. L. BURN, M.D., D.Hy., D.P.H.

MATERNITY AND CHILD WELFARE.

Senior Medical Officer	Dr. M. SPROUL, D.P.H.
Superintendent of Health Visitors and Nursing Staff	Miss B. M. LANGTON, D.N. (London), S.R.N., S.C.M., H.V. Cert.
Non-Medical Supervisor of Midwives	Miss F. M. SANDERSON, S.R.N., S.C.M., M.T.D.
Supervisor of Day Nurseries ...	Miss L. HOLLIDAY, S.R.N., S.C.M. (Until May, 1957).

ANALYSIS OF FOOD AND DRUGS.

Public Analyst ... ... A. ALCOCK, A.M.C.T., F.R.I.C.

PUBLIC HEALTH INSPECTION.

Chief Public Health Inspector J. C. STARKEY, M.R.S.I.

MENTAL HEALTH.

Senior Mental Health Visitor and Duly Authorised Officer ... J. H. HOPE.

SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner ... ... Miss B. CHADWICK.

ADMINISTRATION.

Chief Administrative Assistant... E. WOOD, C.R.S.I.

VITAL STATISTICS

The estimated population of Salford, according to figures received from the Registrar General at mid-year 1957 was 165,300, a decrease of 2,100 as compared with that for 1956.

The death rate for the year was 12·97 as compared with the previous year (National Rate—11·5).

The birth rate for the year was 18·31 as compared with 16·88 for the year 1956—an increase of 1·43 (National Rate—16·1).

The infantile mortality rate for 1957 was 28·75—a reduction of ·62 compared with 1956. This represents a new low record in respect of infantile mortality for Salford (National Rate—23·1).

The maternal mortality rate for 1957 was nil.

INTRODUCTION

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health of the City of Salford for the year 1957.

SALFORD HOUSE SOCIAL CLUB

In September, 1957, the Health Committee approved of the establishment of a social club financed and maintained by the residents of Salford House and largely inspired by the enthusiasm of the present Manager, Mr. D. Jones.

The club has been set up in a large room in the basement, decorated, furnished and equipped largely by the voluntary work of, and out of funds provided by, the members of the club.

Salford House under the control of the Health Committee has hitherto provided its residents with their essential needs ; the club has done something more—it has met the residents' social needs by providing a centre in which they may take part together in games and entertainments of various kinds. In other words it has provided a social life for its members.

The membership of the club consists of approximately 90% of the total number of residents which in itself is sufficient evidence of its popularity. The club is controlled and directed by a voluntary committee and its officers elected by the members of the club themselves.

It is felt that with the advent of the social club Salford House has now embarked upon a new and enlarged sphere of usefulness, and may now be regarded as a social asset to the large number of men who spend so much of their lives within its walls.

NEW HEALTH OFFICES

During 1957 the Health Committee devoted considerable attention to the need which has been obvious for many years for the provision of more suitable accommodation for its activities. It was realised that the existing clinics in Regent Road would need to be retained in that situation for the benefit of the public, as its numbers have increased by the erection of large blocks of municipal flats on both sides of Regent Road in the vicinity of the present health department.

Towards the end of last year plans for new offices were approved and forwarded to the Ministry of Health for consideration. At the time of writing approval has not yet been received, but it is understood that the Ministry's decision has been delayed by financial considerations.

DAY NURSERIES

An important change of policy regarding day nurseries took place during the year under review when it was decided to close the Summerville and Wilmur Avenue Day Nurseries, and to retain for the time being 235 places for priority groups in the following nurseries :—

Howard Street.
Hulme Street.
Eccles Old Road.
Hayfield Terrace.
Bradshaw Street.

The reduction in the number of nurseries was decided upon because of the high cost of maintaining so many nursery places and the fact that many of the places were occupied by children who were not in priority groups.

The two nursery premises which ceased to be occupied for their original purpose have been used as follows :—

WILMUR AVENUE : As an occupation centre for mental defectives.
SUMMERVILLE : As a maternity and child welfare centre.

In the case of Wilmur Avenue, the change of use has brought about a considerable improvement in the occupation centre accommodation in the Broughton area.

The transfer of the premises originally used as the Summerville Day Nursery to a Maternity and Child Welfare Centre has supplied a long felt want in the Irlams-o'th'-Height district. The use of the new centre will by degrees be extended and improve as more money becomes available for the purpose.

VANDALISM

It is regretted that during 1957, as well as during many years since the war, acts of vandalism affecting Corporation property, such as day nurseries, in particular the Hayfield Terrace Day Nursery, have increased when in a well-populated district children of the neighbourhood are regularly permitted to inflict damage upon this building to such an extent that the expenditure of large sums of money merely as an act of protection becomes necessary in order to safeguard the remainder of the property; it is obvious that the public, particularly in the district concerned, have no sense of the desirability of maintaining one of their own buildings in a reasonably good condition.

AMBULANCE SERVICE

In October, 1957, the Council transferred the responsibility for the operation and control of the Ambulance Service to the Health Committee. Arising out of this decision the Health Committee made the following appointments, namely :—

Ambulance Officer	Mr. T. Blackburn.
Assistant Ambulance Officer	Mr. F. Chapman.

The immediate control of the Ambulance Service is still operated from the garage at Buile Hill Park, Salford.

Experience has shown that the premises are not completely suitable for the purpose for which they are being used. For example, it is certainly not desirable that vehicles should regularly traverse the grounds of Buile Hill Park at all times of the day and often when the Park is crowded with young children. It is felt that the Committee should bear in mind the need for the provision of a modern ambulance station on a thoroughly suitable site and should not continue to rely upon premises originally provided as part of a public park.

CLEAN AIR

At last, after so many years of pious aspirations we are in a position to expect the realisation of our dreams for a cleaner atmosphere in a reasonably forseeable time. As usual, this country is proceeding gradually ; industry by degrees is putting its own house in order with the sincere support and, when necessary, the guidance of your officers.

The domestic consumers naturally present a different and in some ways a more difficult problem by reason of their numbers, and the personal difficulties of the vast number of individual consumers.

The improvement in supplies and types of smokeless fuels are proving a great benefit in the handling of this problem, and one need have little doubt that the ardent desire of the public for clean air will prove to be decisive in the efforts now being made to bring about an extension of the number and size of the smokeless zones in our great cities.

CLEARANCE AREAS

The assault against bad housing continues. Little by little the worst spots are being whittled away, but the attack is delayed and at times suspended by the inability to build the new houses as fast as they are needed, but, fast or slow, the work goes on, and year by year more areas are being cleared. The great new estates at Regent Road and Lower Kersal are growing fast, and it will not be long before people from St. Matthias, Islington, Ellor Street and Trinity areas are rehoused under better and healthier conditions. A long programme of splendid work in the creation of a new Salford lies before the Health and Housing Committees, but they may well be inspired by the examples of better homes for its citizens which have already been and are being erected. May the good work continue apace.

BRONCHITIS

Embodied in my report (see pages 105 to 122) is a review of the incidence and mortality of bronchitis in Salford which has been prepared at my request by Mr. H. F. Hughes, M.A., F.S.S., who, following his experience in connection with tuberculosis in the area of the Lancashire County Council, has made a special study of this subject, and to whom I am indebted for this most interesting document.

My thanks are due to members of the staff of all grades for their continued and untiring efforts to maintain and improve the health services of Salford. I am grateful, too, to heads of other departments for their advice and co-operation.

I offer my sincere gratitude to the Chairman and members of the Health Committee for their help and encouragement throughout the year.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. L. Burn

Medical Officer of Health.

Health Department,
143, Regent Road,
Salford, 5.

CONTENTS

STATISTICAL SUMMARY, 1957.

Area.—The City of Salford has a total area of 5,202 acres.

Population.—(Registrar-General's Estimate at Mid-year, 1957)	165,300
„ (Census, 1951)	178,036

Density.—The Mean Density of the City is equal to 31·78 persons per acre.

Live Births	**Legitimate**	**1,509 Males, 1,342 Females**	2,851
	Illegitimate	**83** „ **92** „	175
		TOTAL..	3,026

Annual Rate of Births per 1,000 of the Population	18·31
Still Births { **Males** 36, **Females** 52 } **Total**	88
Annual Rate of Still Births per 1,000 Total Births	28·26
Deaths { **Males** 1,133, **Females** 1,011 }	2,144
Annual Rate of Mortality per 1,000 of the Population	12·97
Percentage of Total Deaths occurring in Public Institutions	43·56%

Deaths from Puerperal Causes :—	Deaths.	Rate per 1,000 Total Births
Puerperal Sepsis	Nil	Nil
Other Puerperal Causes	Nil	Nil

Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 29.11. Illegitimate, 22.86. Total			28·75

Perinatal Mortality Rate (stillbirths plus deaths under one week per 1,000 total births) :—

Stillbirths	88	TOTAL, 140	44·96
Deaths under one week	52		

TABLE 1.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1939 TO 1957.

Years.	Births.			Percentage of Illegitimate Births to Total Births	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1939	2925	2808	117	4·0	202	194	8	69	69	68
1940	2884	2742	142	4·9	219	209	10	76	75	70
1941	2518	2377	141	5·5	240	215	25	96	90	177
1942	2823	2632	191	6·8	217	203	14	77	77	73
1943	3085	2863	222	7·2	214	203	11	69	71	50
1944	3251	3025	226	7·0	202	182	20	62	63	88
1945	3022	2749	273	9·0	183	168	15	61	61	55
1946	3849	3610	239	6·2	205	180	25	53	50	104
1947	4220	3973	247	5·9	258	240	18	61	60	73
1948	3761	3570	191	5·1	157	147	10	42	41	52
1949	3628	3387	241	6·6	193	181	12	53	53	50
1950	3354	3123	231	6·9	144	128	16	43	41	69
1951	3091	2881	210	6·8	107	103	4	35	36	19
1952	3100	2913	187	6·0	107	89	18	35	31	96
1953	2964	2794	170	5·7	95	83	12	32	30	71
1954	2867	2692	175	6·1	87	79	8	30	30	46
1955	2700	2544	156	5·8	81	75	6	30	29	32
1656	2826	2682	144	5·1	83	80	3	29	30	21
1957	3026	2851	175	5·8	88	84	4	29	29	23

TABLE 2

SHOWING THE BIRTH RATES, RATES OF MORTALITY FROM ALL CAUSES, TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, HEART DISEASES, BRONCHITIS AND PNEUMONIA AND THE INFANT MORTALITY RATES DURING THE YEARS 1938 TO 1957.

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births.
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
1938	199,400	15·77	13·09	0·96	1·72	3·46	0·43	1·05	74·10
1939	196,600	14·88	13·72	0·96	1·86	4·17	0·47	1·02	69·06
1940	173,200*	16·65	18·61	1·12	1·97	4·35	3·09	1·28	75·94
1941	159,720*	15·77	17·17	1·08	1·73	3·50	2·08	1·32	95·31
1942	153,300*	18·42	14·50	0·95	2·26	3·01	1·56	0·84	76·87
Average 5 years		**16·30**	**15·42**	**1·01**	**1·91**	**3·90**	**1·53**	**1·10**	**78·26**
1943	153,000*	20·16	15·57	0·97	2·25	2·91	2·16	0·96	69·37
1944	155,810*	20·87	14·58	0·97	2·08	2·96	1·74	0·65	62·13
1945	157,300*	19·21	15·63	0·93	1·99	3·01	2·64	0·80	60·56
1946	169,470	22·71	13·37	0·72	1·92	2·62	1·70	0·75	53·26
1947	174,070	24·24	13·30	0·75	2·02	2·80	1·65	0·70	61·14
Average 5 years		**21·44**	**14·49**	**0·87**	**2·05**	**2·86**	**1·98**	**0·77**	**61·29**
1948	178,100	21·12	11·81	0·78	2·16	2·44	1·14	0·48	41·74
1949	178,900	20·28	13·06	0·63	2·00	3·13	1·45	0·71	53·20
1950	177,700	18·87	12·87	0·50	2·31	3·51	1·30	0·46	42·93
1951	176,800	17·48	14·12	0·46	2·15	4·04	1·78	0·50	34·62
1952	176,400	15·57	12·19	0·35	2·12	3·35	1·33	0·59	34·52
Average 5 years		**19·06**	**12·81**	**0·54**	**2·15**	**3·29**	**1·40**	**0·55**	**41·40**
1953	173,900	17·05	12·36	0·29	2·24	3·24	1·59	0·74	32·05
1954	171,500	16·72	11·98	0·23	2·39	3·44	1·19	0·56	30·35
1955	169,300	15·95	12·30	0·22	2·08	3·46	1·33	0·78	30·00
1956	167,400	16·88	12·34	0·20	2·43	3·48	1·46	0·78	29·37
1957	165,300	18·31	12·97	0·19	2·44	3·75	1·37	0·79	28·75

* Civil population.

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1931-1957 AND THE RATES PER 100,000 OF THE POPULATION.

(a) Number of Deaths (b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
1931	201	89·0	342	151·4	678	300·1	334	147·8	276	122·1	3209	1420·6
1932	172	78·1	396	179·8	562	255·1	253	114·9	228	103·5	2920	1325·5
1933	133	62·2	339	158·5	591	276·4	269	125·8	248	116·0	3009	1407·1
1934	200	92·2	400	184·3	637	293·5	243	112·0	201	92·7	2932	1351·2
1935	131	62·4	348	165·8	656	312·4	236	112·4	190	90·5	2734	1301·9
1936	154	74·7	352	170·8	729	353·9	249	120·9	207	100·5	2893	1404·3
1937	141	69·9	390	193·3	779	386·0	245	121·4	178	88·2	2943	1458·3
1938	86	43·2	344	172·5	691	346·5	210	105·3	192	96·3	2611	1309·5
1939	92	46·8	366	186·2	838	417·3	201	102·3	187	95·1	2698	1372·3
1940	535	308·9	342	197·5	754	435·4	221	127·6	195	112·6	3224	1861·5
1941	333	208·5	276	172·8	559	350·0	211	132·1	173	108·4	2743	1717·4
1942	239	155·9	347	226·4	462	301·4	129	84·1	146	95·2	2223	1450·1
1943	330	215·7	345	225·5	445	290·8	147	96·1	148	96·7	2382	1556·8
1944	271	173·9	324	207·9	461	295·9	101	64·8	151	96·9	2271	1457·6
1945	416	264·5	313	198·9	472	301·1	126	80·1	144	92·8	2459	1563·3
1946	289	170·5	326	192·4	444	262·0	127	75·0	122	72·0	2266	1337·1
1947	288	165·4	351	201·6	488	280·3	122	70·1	131	75·3	2312	1329·7
1948	203	114·0	385	216·1	434	243·7	86	48·3	139	78·0	2103	1180·8
1949	260	145·3	358	200·1	560	313·1	127	71·0	113	63·2	2337	1306·3
1950	231	130·0	410	230·7	624	351·2	82	46·2	89	50·0	2288	1287·5
1951	314	177·6	381	215·5	715	404·4	89	50·4	82	46·4	2497	1412·3
1952	235	133·3	374	212·1	591	335·1	104	59·0	61	34·6	2151	1219·4
1953	277	159·3	390	224·2	563	323·8	129	74·2	50	28·8	2149	1235·7
1954	204	118·9	410	239·1	590	344·0	96	56·0	39	22·7	2055	1198·3
1955	226	133·5	352	207·9	585	345·5	132	78·0	38	22·4	2082	1229·8
1956	244	145·8	407	243·1	583	348·3	131	78·3	33	19·7	2065	1233·6
1957	226	136·7	404	244·4	620	375·1	131	79·3	31	18·8	2150	1300·7

CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1937

	Males	Females	Total	Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over
Tuberculosis—Respiratory	24	7	31	...	...	...	1	8	16	5	1
,, Other	1	1	2	...	...	...	...	...	2	...	...
Syphilitic Disease	5	...	5	...	...	...	...	1	...	4	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infections	1	1	2	2	...	...	...	...	...	...	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...
Other Infective and Parasitic Diseases	2	2	4	1	...	...	...	1	1	1	...
Malignant Neoplasm—Stomach	35	28	63	...	...	...	...	2	19	22	20
,, ,, Lung, Bronchus	94	16	110	...	...	...	...	5	57	39	9
,, ,, Breast	...	29	29	...	...	...	...	2	14	8	5
,, ,, Uterus	...	13	13	...	...	...	...	...	5	4	4
Other Malignant and Lymphatic Neoplasms	99	90	189	...	2	1	1	14	60	64	47
Leukæmia, Aleukæmia	3	3	6	...	...	1	...	2	...	1	2
Diabetes	5	11	16	...	...	...	...	...	6	6	4
Vascular Lesions of Nervous System	99	136	235	...	...	...	1	3	58	79	94
Coronary Disease, Angina	163	101	264	...	...	1	...	7	90	95	71
Hypertension with Heart Disease	16	27	43	...	...	...	...	1	10	18	14
Other Heart Disease	134	179	313	...	...	1	2	12	40	67	191
Other Circulatory Disease	25	42	67	...	...	...	...	...	11	24	32
Influenza	31	25	56	...	...	...	...	6	22	20	8
Pneumonia	62	69	131	19	...	1	1	5	24	31	50
Bronchitis	143	83	226	...	...	...	...	1	57	84	84
Other Diseases of Respiratory System	12	12	24	1	...	...	...	2	8	4	9
Ulcer of Stomach and Duodenum	19	6	25	...	...	...	...	1	8	12	4
Gastritis, Enteritis and Diarrhœa	3	5	8	...	...	...	...	...	1	5	2
Nephritis and Nephrosis	5	4	9	...	...	...	...	1	5	2	1
Hyperplasia of Prostate	7	...	7	...	...	...	...	...	...	1	6
Pregnancy Childbirth, Abortion	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	12	7	19	16	1	1	1	...	...	...	...
Other Defined or Ill-defined Diseases	95	90	185	47	3	3	5	15	31	30	51
Motor Vehicle Accidents	6	7	13	...	1	1	1	...	2	6	2
All Other Accidents	17	16	33	1	1	5	1	4	5	5	11
Suicide	12	8	20	...	...	...	2	6	7	5	...
Homicide and Operations of War	2	...	2	...	...	...	...	...	2	...	...
TOTAL	1,132	1,018	2,150	87	8	15	16	99	561	642	722

SANITARY CIRCUMSTANCES

The highlights of the year's work have been the Clean Air Act and the Rent Act. Both are masterly documents and have already accomplished great good.

Industrialists and private residents have shown tremendous interest in clean air activities. An exhibition held in the Drill Hall brought forth young and old to see films, demonstrations and exhibits, and to join in the numerous competitions arranged by the Department. A meeting of industrialists also had a ready response. There is no doubt the industrialists have risen to the occasion ; in some cases to the tune of thousands of pounds on new equipment and adaptation. Of course, it is not all public spirit. There is sound business in it. Nevertheless, we are pleased with their efforts.

The Rent Act, 1957, has surpassed all expectations. It has been quite heartening to see both tenants and landlords weighing the pros and cons, worming their way through complex legal procedures and exercising their rights to their mutual benefit. This was the intention of the Act and, in contrast to earlier legislation, it has worked. It is significant also that, whilst a large amount of work has been brought to the Department with this Act, at the same time complaints from the public have been reduced, statutory notices have been fewer, and there has been a corresponding reduction in cases brought before the magistrates.

Quite a different achievement, although no less important, has been the reduction of the rat population in the public sewers. Reference to the " Rodent Control " item later will show that quantities of poison bait taken have been reduced by 75% of each occasion. This spells disaster for the sewer rat and our aim is complete extermination or thereabout. The achievement is due to a new method of baiting which has been devised in the Department and conscientiously applied by an interested team of rodent operators. A new method on the same principle is in use for baiting mice.

Problems of housing, food hygiene, and the rest of environmental problems are ever with us, and though inadequately portrayed in the pages which follow, nevertheless are of fundamental importance to the community.

Whatever has been accomplished this year has been done with a diminished but very helpful staff.

WATER

Water supply is obtained from the Manchester Corporation's reservoirs at Longdendale and Thirlmere. In general, the supply has been satisfactory in quantity and quality. For further details relating to quality see the City Analyst's report.

All dwellinghouses in the City have a piped water supply.

There are 50,842 dwellings in the City and the population is 165,300 (Registrar-General's estimate at mid-year 1957).

HOUSING

Throughout 1957 the Council has pressed on with slum clearance in pursuance of the programme drafted in 1954 and approved by the Minister.

Following official representations the Council declared the following areas to be clearance areas, viz :—

Area	Number of Dwellinghouses incl. House/Shop	Number of Public Houses	Number of Commercial Buildings
St. Matthias' No. 6A	27	—	—
,, ,, ,, 6B	136	—	—
,, ,, ,, 6C	18	—	—
,, ,, ,, 6 (Mount Street)	12	—	—
,, ,, ,, 6 (Reservoir Terrace) ...	7	—	—
Ordsall Lane ,, 2	257	—	—
Alport Place ,, 2	7	—	—
Tatton Place	9	—	—
Islington No. 1	110	1	4
,, ,, 2	13	—	—
,, ,, 3	23	—	2
,, ,, 4	16	1	—
,, ,, 5	7	—	—
Ellor Street No. 1	329	2	6
TOTALS—14 areas, comprising ...	971	4	12

The orders made in respect of the above areas were as follows :—

Immediate Demolition		Deferred Demolition	
Compulsory Purchase Orders	Clearance Orders	Compulsory Purchase Orders	Clearance Orders
Islington No. 1 ,, ,, 2 ,, ,, 3 ,, ,, 4 Ellor Street No. 1	Alport Place No. 2 Tatton Place Islington No. 5	St. Matthias' No. 6A ,, ,, ,, 6B ,, ,, ,, 6C Ordsall Lane No. 2	St. Matthias' No. 6 (Mount Street) St. Matthias' No. 6 (Reservoir Terrace)

During the year orders confirmed by the Minister have become operative as follows :—

Area	Number of Houses	Order	Subsequent Action
Trinity No. 7 (10 Areas)	351	Compulsory Purchase Order.	Corporation entry, 4th January, 1957.
,, ,, 8H	6	Do.	Corporation entry, 22nd February, 1957.
,, ,, 8A	64	Do.	Corporation entry, 1st March, 1957.
,, ,, 8C	7	Do.	Corporation entry, 3rd January, 1958.
,, ,, 8D	14	Do.	Corporation entry, 3rd January, 1958.
St. Matthias' No. 2	497	Do.	Corporation entry, 14th September, 1957. 22nd November, 1957. 20th December, 1957.
,, ,, ,, 6A	27	Do.	Corporation entry, 29th November, 1957.
,, ,, ,, 6B	136	Do.	Corporation entry, 29th November, 1957.
,, ,, ,, 6C	18	Do.	Corporation entry, 29th November, 1957.
,, ,, ,, 6 (Mount Street) ...	12	Clearance Order.	Corporation control under tenancy agreements.
,, ,, ,, (Reservoir Terrace)...	7	Do.	Do.
Blackburn Street	10	Do.	Demolished by owners.
Alport Place No. 2	7	Do.	Do.
Tatton Place	9	Do.	Do.
TOTAL	1,165		

Rehousing of displaced families continued steadily throughout the year :—

From Trinity No. 5 Clearance Area	162	families.
,, ,, ,, 6 ,, ,, ...	62	,,
,, Regent Street ,, ,, ...	36	,,
,, Alport Place ,, ,, ...	6	,,
,, Tatton Place ,, ,, ...	5	,,
,, Blackburn Street ,, ,, ...	9	,,
,, St. Matthias' No. 2 Clearance Area	155	,,

In addition to the above list, a number of houses in deferred demolition areas were found to be incapable of being rendered fit to a standard adequate for the time being, necessitating the removal of families as follows :—

From Trinity No. 7 Clearance Area	59	families.
,, ,, ,, 8 ,, ,, ...	40	,,

Altogether 534 clearance area families were rehoused during the year.

In the matter of retention of unfit houses for temporary accommodation, in accordance with the provisions of the Act of 1954, there were, at the end of 1957, 474 houses under Council control pending demolition to which patch repair works had been completed.

Redevelopment is taking shape in the Trinity and St. Matthias' wards,

On the Trinity No. 1 site of fifteen acres redevelopment is almost complete, the new property comprising blocks of three-storey flats.

On part of the St. Matthias' No. 1 site a block of multi-storey flats is occupied.

The work of redevelopment will rapidly extend as the adjacent areas are cleared ; the areas Trinity No. 5, Trinity No. 6 and St. Matthias' No. 2, in which clearance of sites is well advanced, will yield another twenty acres for the construction of new dwellings of modern design.

Augmenting the action taken in respect of unhealthy areas as recorded above, 23 individual unfit houses have been demolished or closed as a consequence of formal action taken by the Council ; in these cases, 94 displaced occupants have also been rehoused in Corporation houses or flats.

Disinfecting Station—Ladywell Hospital

The disinfecting station at present situated at Ladywell Hospital, and rented from the Hospital Board, deals with the disinfection of bedding and clothing from houses where there are infectious cases, and bedding from slum clearance schemes, not only in Salford, but in houses in surrounding local authorities.

The disinfecting ovens are of an old type and their maintenance is sometimes difficult, but efficiency has been maintained.

At the present time, disinfecting, disinfestation, cleansing and ambulance services are widely dispersed, and, in my opinion, should be brought together.

The re-establishment of these services in close proximity to the hospitals, such as existed prior to 1938, would make for greater efficiency and economy.

The following table depicts the volume of work carried out :—

	Beds.	*Laundry bags containing bedding or clothing, or both.*
Bedding from clearance areas	607	472
Infected bedding and clothing	202	169
Verminous ,, ,, ,,	40	109
Clothing from Out-districts	—	303
Clothing from out-district patients at Ladywell Hospital	—	303
Bedding from Ladywell Hospital	569	603
,, ,, Salford Royal Hospital	10	18
,, ,, Eccles and Patricroft Hospital	7	18
,, ,, Hope Hospital	11	203
,, and clothing from Stretford	6	51
,, ,, ,, ,, Eccles	60	52
,, ,, ,, ,, Urmston	5	2
,, ,, ,, ,, Port Sanitary Authority (three ships)	3	2
,, ,, ,, ,, Manchester Ship Canal Co.	8	—
Blankets from Ambulance Service, Salford	85	
,, ,, ,, ,, Urmston	107	
,, ,, ,, ,, Stretford	109	
Sterilising apparatus from Ladywell Hospital	2,993 drums.	

In addition to the above work the following disinfections were carried out by spraying with formaldehyde :—

Ladywell Hospital	265	beds.
,, ,,	513	cubicles.
Salford Royal Hospital	22	wards.
Ambulances	82	
Houses	42	
Library books	219	

During the year, 45 demonstrations were arranged for student nurses.

RODENT CONTROL

NUMBER OF PREMISES VISITED.

Local Authority premises	121
Dwellinghouses	9,066
Business premises	1,951
TOTAL	11,138

PREMISES TREATED BY RODENT OPERATORS.	*Mice.*	*Rats.*	*Total.*
Local Authority premises	33	11	44
Dwellinghouses	421	597	1,018
Business premises	127	107	234
TOTAL	581	715	1,296

PREMISES TREATED BY OCCUPIERS FOR MICE.

(Packets Warfarin supplied by Department—System in operation, two months).

Local Authority premises	3
Dwellinghouses	104
Business premises	50
TOTAL	157

SEWER TREATMENTS

NUMBER OF DISTRICTS.

Salford	13
Broughton	11
Pendleton	17
TOTAL	41

Treatment	Materials Used	Number of Manholes Baited	Total Quantity of Poison Taken		Total Number of Poison Takes	Take of Prebait (1st day)		Take of Prebait (2nd day)	
			lbs.	ozs.		lbs.	ozs.	lbs.	ozs.
1st. Salford : Districts 1–9	Bread rusk. P.N.P. A.N.T.U.	555	82	10	291	99	2	205	9
2nd. Salford : Districts 1–9	Sausage rusk P.N.P. Zinc phosphide.	619	21	10	292	52	—	140	13
3rd. Salford : Districts 1–9	Bread rusk. P.N.P. Arsenic.	618	5	1	160	4	$13\frac{3}{4}$	29	$7\frac{3}{4}$

Following extensive research on treatment of rats in the sewer system, the method of baiting now adopted appears to have reduced the sewer rat population considerably. It is hoped from the information recorded that similar reductions will be noticeable on future surface infestations.

The first sewer treatment covered the entire City and consisted of 41 districts and 2,791 manholes ; on the second treatment, nine heavily infested districts in the Salford area were treated, and the reduction in total poison taken amounted to approximately 75% of the first treatment. The third treatment of the nine districts concerned resulted in a further 75% reduction on total poison taken. Second and third treatment of the remaining 32 districts is now in progress.

Premises infested by mice are now treated by the occupiers with pre-packed packets of Warfarin ·025%. The mice open the packets themselves. Advice on the placing of the bait is given by a rodent operator and a small charge is made for each packet.

The baiting methods are of our own design to meet conditions in Salford and are apparently very effective.

DISINFESTATION SERVICE—INSECTS

During the past year the disinfestation service in Salford has continued to function satisfactorily. Two full-time operators carry out the treatments under the supervision of one Public Health Inspector.

Reference to the appended tables will show the large amount of work accomplished in this field.

A major part of the work is the treatment of furniture as a precautionary measure, prior to removals to overspill areas and new Council flats.

All the school canteens are treated as a precautionary measure against summer infestations of flies.

There is nothing out of the ordinary to report concerning specific pests nor concerning new insecticides—the present recognised formulations of D.D.T. and Gammexane are continuously satisfactory in their results.

TABLE 1

Insects attacked.	*Number of operations.*
Bedbugs	142
Cockroaches (B. Orientalis and B. Germanica)	483
Fleas	8
Lice	4
Flies (house and blow flies)	16
Wood Boring Beetles	2
TOTAL	655

This total of 655 does not include flyproofing as a precautionary measure, clearance area removals and demolitions, and routine treatment of canteens and refuse bins.

TABLE 2

DOMESTIC PREMISES.

Types of premises.	
Privately owned house and flats	323
Council owned premises	22
Shops and miscellaneous premises	10
Treatment of furniture prior to removal	163
,, ,, houses on removal and prior to demolition	634
Hospitals, &c.	46
Schools and Nurseries	17
Factories	8
Local Authorities premises	6
Total number of premises visited	1,229

With regard to the financial aspect of insect operations, a charge is made against the tenants of privately-owned premises sufficient to cover the cost of materials and operators' time. In the case of clearance area demolition work the Corporation undertakes to cover the cost. The Corporation also covers the cost of treatments carried out in cleansing verminous persons and also the treatment of premises occupied by impecunious people.

SMOKE ABATEMENT

Nineteen hundred and fifty-seven was the last full operational year under the Public Health Act. On June 1st, 1958, existing smoke legislation will be superseded by the Clean Air Act, a measure designed to demolish the shibboleths indoctrinated throughout an era that smoke from the combustion of fuel was a necessary evil and that those who agitate for its suppression are cranks or faddists.

The transitional stage seems a suitable time to reflect upon events since our own local act in 1948 conferred additional powers and became the precurser of some of the new legislation, now hailed as the greatest move for over a century towards reducing air pollution to minimum proportions.

More by dint of persuasive effort than the application of penal sanction 41 industrial concerns have been induced to modernise their fuel burning equipment. Only 11 prosecutions, involving 8 firms, have been taken. To support the increased demand for power 49 new boiler processing and heating furnaces have been installed, 44 of them being approved by the Corporation as capable so far as practicable of being continuously operated without emitting smoke. It was necessary in some cases to ask that the specifications be modified or revised to ensure that only minimum smoke emission would occur. One approved scheme, however, proved so intractable in operation that only after days of investigation was overloading established as the cause, fictitious figures of calculated steam requirements having been supplied in the application. The firm who, were prosecuted for having installed the plant, admitted their guilt and undertook replacement of the plant which they did.

Approval was refused for four schemes, these being subsequently redesigned and approved. They are now operating satisfactorily.

To such an extent has the policy succeeded that industrial " true black " smoke has become extremely rare and there is no valid reason why it should not completely disappear from all industrial areas.

Unfortunately, similar progress cannot be claimed in the domestic field. This is mainly due to the initial set-back in 1950, when Salford failed to secure consent to three schemes involving 5,000 houses and other premises. They would have been the first smokeless zones and formed a good foundation for progressive expansion. But we can take heart from that pioneering effort inasmuch as it was not a complete failure. Eventually it proved an impetus to solid smokeless fuels production, so that since then the Minister has not found it necessary to reject a Smokeless Zone Proposal on the grounds of unavailability of fuel.

The two zones at Ladywell and Fairhope are now operating satisfactorily. This was not so during the first four months, due in the main to the operational date, 1st January, 1955, coinciding with the onset of a severe wintry spell, a circumstance not conducive to success in persuading people to discard traditional heating arrangements. It is now an accepted axiom throughout the country that such projects should never be attempted during the heating season.

Prospects anent the inauguration of further smokeless areas appear to be bright, for smokeless fuels are in abundant supply locally and a more receptive attitude is evident among the public. It seems to display a willingness to adopt smokeless conditions on a communal basis provided assurances are given that progressive application throughout the City is the adopted policy. No doubt a further fillip will stem from the Government's decision to make available generous grants towards the cost of altering and adapting appliances. It may not be too fanciful to anticipate a time when requests for inclusion in smoke control areas will be quite usual.

Smokelessness has recently been achieved in nearly a thousand new dwellings by means of a tenancy condition requiring that only smokeless fuel be burned, but while this may not be an ideal method of treatment in Salford, where new housing estates consist of small island sites surrounded by older property, it has been demonstrated that opposition to the change-over is not now of the magnitude experienced a few years ago. These estates will obviously be included in extended smoke control areas as soon as possible.

So we approach the operational date of the Clean Air Act with confidence that, with the continued co-operation of the industrialist, householder, fuel producer and vendor, the target of 80% reduction in smoke production in 15 years, the primary object of the new legislation, can be achieved in Salford in a far less period. There will still be more smoke in the atmosphere than is good for us.

SHOPS ACT, 1950

There has been no implementation of the recommendations of the Gower Commission of 1947 as yet, and the need for better environmental conditions in shops, and for a standard of amenities in offices is a very pressing one.

The limitation of the working hours of adolescent shop assistants was dealt with in 1934, but we still have practically no limit to the working hours of female shop assistants. The compulsory closing hours of shops is the one thing that affects working hours at present and compulsory closing hours do not affect employees in cafes, snack bars and restaurants. The dangers of exhaustion, fatigue, foot trouble and varicose veins, would suggest that the time is ripe for legislation to limit working hours, particularly in view of the married women working as well as having domestic duties in the home.

Female shop assistants are permitted to use seats, provided that such use does not interfere with their work. This is the very essence of ambiguity and I think that a good employer should see that periods are arranged for females to be able to rest.

The employment of women before and after child-bearing, the wearing of sensible footwear, and measures taken to prevent accidents, are matters which affect health in workers in the distributor's trade, and ultimately affect the health in the home.

The causes of absenteeism, ill-health and diminished efficiency in shop employment has never been properly investigated. I think that the provision of proper meals would lead to a reduction in the number suffering from gastric trouble.

The provision of drying facilities for clothes becomes a virtual necessity in view of our English climate. To work for ten hours or more in damp shoes, or to put on damp clothes at the end of a day's work, is asking for trouble.

It is a remarkable thing that legislation has not yet been introduced to compel a reasonable standard of conditions for the office worker. Ill ventilation, poor lighting and a low standard of sanitary accommodation and washing facilities for meals or the drying of clothes, are the order of the day in some offices.

The administration of the Shops Act, 1950, was maintained as will be seen by the following table :—

Visits to shops were made with a view to maintaining the amenities required by the Act.

Notices issued *re* maintenance of a reasonable temperature	4
,, ,, ,, ,, ,, sanitary conveniences	20
,, ,, ,, ,, ,, washing facilities	10
,, ,, ,, ,, ,, meal facilities	8

Visits were made in connection with compensatory holidays for shop assistants employed on Sundays and in connection with the hours of employment of " young persons."

Sunday trading, early and half-day closing necessitated routine inspections, and when complaints were made of alleged contraventions, investigations were carried out, and shopkeepers in the area of which complaints were made, were interviewed, with satisfactory results.

TOILETS

In the City there are 22 toilets for men, four of which are staffed, and six toilets for women, five of which are staffed.

During the year new toilets have been erected at Summerville Road, Irlams-o'th'-Height, which provides accommodation for men and women. In view of the heavy traffic passing along the main A6 road, these toilets are available day and night. Plans have been approved for the provision of toilets for men and women in Trafford Road, Salford, opposite the main Dock entrance, and approval is awaited from the Parks Committee for a suitable

site. Proposals have also been agreed to a two-storeyed building at the main City Bus Station at Victoria Bridge, and the City Engineer is at present preparing estimates for the cost of erecting these toilets.

RENT ACT, 1957

In July, 1957, the Rent Act came into operation with its many forms. During the year under review 319 applications under Form I have been received from tenants who have not been given undertakings from the landlord to remedy defects or, as in many cases, where the landlord's undertaking was not acceptable to the tenant. Fifty-one applications were received from landlords to revoke certificates of disrepair, these certificates having been issued under the 1954 Act.

It is anticipated that during the coming year there will be many problems when the six months period, allowed for completion of the undertakings given by the landlord, expires.

PARTICULARS OF APPLICATIONS FOR CERTIFICATES OF DISREPAIR.

(1)	Number of applications for certificates	139
(2)	Number of decisions not to issue certificates	2
(3)	Number of decisions to issue certificates—	
	(*a*) in respect of some, but not all, defects	193
	(*b*) in respect of all defects	124
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	143
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
(6)	Number of certificates issued	83

PARTICULARS OF APPLICATIONS FOR CANCELLATION OF CERTIFICATES.

(7)	Applications by landlords to Local Authority for cancellation of certificates	51
(8)	Objections by tenants to cancellation of certificates	7
(9)	Decisions by Local Authority to cancel in spite of tenants' objection	1
(10)	Certificates cancelled by Local Authority	38

FOOD AND DRUGS ACT, 1955

Food Sampling

As in previous years great emphasis has been laid on milk sampling and samples have been taken from producers of pasteurised and sterilised milk retailing in the City and also from farmers' milk delivered in the City. Generally, the quality of the milk sampled has been good, but in the case of farmers' milk several instances have occurred where, although the analytical results have been found to be below the presumptive limits of the Sale of Milk Regulations, 1939, these deficiencies found have been due to natural causes and no legal action could be taken as the standard is merely "presumptive."

The Milk Marketing Board has recently gone some way to improving the quality of farmers' milk by introducing a quality payment figure for milk fat. A figure of 3·3% milk fat has been set as a standard and payment to the farmer is reduced if the milk consistently fails below this standard. However, payment is not affected by poor non-fatty solids figures.

The introduction of a legal minimum standard would undoubtedly provide more incentive to produce a higher quality milk in the same way that the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, which require milk described as Channel Island, Jersey, Guernsey or South Devon to contain a minimum of 4% milk fat, has placed the onus on the producer to comply with this standard. In this grade of milk the producer is unable to plead natural poor quality as a defence and so must ensure that the quality of his herd, its feeding and regular milking hours are closely supervised.

In respect of foods other than milk, the question of deliberate adulteration of food by substitution is not so much to the fore, *e.g.*, the substitution of margarine for butter, and the present emphasis is on the food standard. A series of Food Standards Orders have laid down standards for a variety of products such as cream, ice-cream, meat and fish pastes, fish cakes, salad creams, preserves. Many of these products are by their nature able to be manufactured with great variation in composition, and the object of the Food Standards Orders is to secure a minimum standard of quality and thus protect the purchaser against sales of poor quality foods. The question of a food standard for sausage in respect of minimum meat content is at present under discussion and, in view of the wide use of this particular commodity, it is hoped that legislation will shortly be available to provide the answer in this country to the question " What is a sausage ? "

Apart from food standards regard has also been paid during sampling to the Labelling of Food Order, 1953, in respect of correct statements of ingredients on pre-packed foods and during the year a circular letter to sausage retailers in the City has had the desired effect of securing compliance with the Public Health (Preservation in Food) Regulations, 1925-40, in respect of the declaration of preservatives in these commodities.

SAMPLES TAKEN FOR ANALYSIS UNDER THE FOOD AND DRUGS ACT, 1955, DURING 1957.

Description.	*Number Examined.*	*Number of Irregular Samples.*
Milk	1,153	15
Channel Island Milk	67	9
Food other than Milk	253	17
Drugs	49	4
TOTAL	1,522	45

Legal proceedings were instituted in respect of three formal samples of Channel Island milk resulting In the imposition of fines totalling £30 and 30s. 0d. costs. With regard to the general quality the standard was a high one and this was also the case with milk other than Channel Islands. The fat deficiencies were in the main due to naturally poor milk, a point which has been fully dealt with earlier in the report.

Of the 17 samples other than milk found to be irregular, six consisted of offences against the Food Standards (Ice-Cream) Order, 1953. In the case of one serious deficiency the vendor was warned that future offences would result in prosecution, but the other cases were of slight deficiencies and the vendors in these cases were cautioned. In one of these cases a cold-mix ice-cream made up according to instructions on a packet of ice-cream powder was deficient and a subsequent sample of the ice-cream powder was found to be at fault. In this case the suppliers replaced the stock. Other samples found to be irregular consisted of offences against the Food Standards Orders

and Public Health (Preservatives in Food) Regulations, 1925-40, which were dealt with by caution. Five cases of labelling offences resulted in amendment of labels and stock was withdrawn from sale in the case of three pre-packed articles found to be irregular.

Storage and Display of Foodstuffs

The methods of storage and display of foodstuffs continues to improve each year. The days of open fronted type of shop have long passed and the three shops in Salford of this type all display their food either behind glass screens or in refrigerated display units.

Protection of food on counters and in windows from dust, handling by customers, etc., in now generally applied. The use of tongs for handling cakes and scoops for sweets are not so widely used as is desirable, but this is probably due to the time factor as it takes longer to serve customers when using these articles.

Refrigerated cabinets and counters increase in number each year with the result that the food is protected from customers and extraneous contamination, the shopkeeper has less chance of loss by spoilage, and the customer obtains safer food.

The standard of cleanliness and hygiene in the shops and food premises is consistently good, and, whilst there can be no complacency in food hygiene, it is pleasing to reflect on what has been achieved.

The shopkeeper is legally required to maintain his premises and equipment and to ensure clean and hygienic handling of food. All his efforts can be nullified by the conditions of storage in the home and the handling of food in the home. It is quite common for open food to be deposited in yards adjacent to refuse bins, water closets and drains, or in cellars of doubful cleanliness and which are very often junk stores. In certain cases it has been the practice to store food on the dining table opposite the fire. In many cases food is deposited where it can be handled by children with inevitable results of gross contamination.

All of this and other types of unsatisfactory storage only nullify the efforts of producers and shopkeepers to sell clean food, and there can be little wonder that in homes of this nature that there is from time to time sporadic outbreaks of sickness and diarrhœa.

This does not mean that the producers and shopkeepers work in vain to produce clean food for there is no justification for any relaxation of efforts. The shopkeepers are at times puzzled as to why so much attention is paid to them by the public health inspector, and yet their customers can contaminate as much as they wish the food purchased. The shopkeeper must produce, store and sell his food so that it reaches the customer in the best possible state. The customers subsequent treatment of it is the customers' responsibility.

Whilst it would be unwarranted to legislate for food storage and handling in the home there is considerable scope for instruction and propaganda in this respect.

Only when food handling and storage in the home is equal to that required by law will true food hygiene have been achieved.

STATISTICS, 1957

Complaints and Notices.

Complaints received	5,964
Statutory notices issued	2,686
Statutory notices abated	2,893
Intimation notices issued	2,269
Intimation notices abated	1,840

Nature of Inspections.

Sanitary defects	24,773
Sublets	256
Seamen's lodging houses	22
Common lodging houses	35
Caravans	97
Canal boats	8
Factories with power	175
Factories without power	—
Workplaces	19
Outworkers' premises	15
Shop Act inspections	835
Schools	12
Cinemas and theatres	7
Public conveniences	724
Stables	11
Piggeries	4
Pet shops	13
Diseases of Animals Act	6
Dairies	448
Food shops	1,549
Food stalls and vehicles	1,230
Food manufacturing premises	70
Restaurants and snack bars	130
Canteens (factory and school)	147
Unsound food	378
Food samples and others	1,885
Infectious diseases	533
Food poisoning	340
Smoke observations	744
Offensive trades	—
Disinfestations	1,236
Miscellaneous	823
Housing Act inspections (Section 11)	184
Housing Act inspections (Clearance Area)	3,380
TOTAL	40,089
Calls (no admittance)	4,476

Cases Heard before the Magistrates

Offence	Number of cases	Decision of Magistrates
For failing to comply with the requirements of Notices under the Public Health Act, 1936, to remedy defects at dwellinghouses.	32	31 Nuisance Orders. 1 Dismissed.
For offences under the Food Hygiene Regulations in a bakehouse.	1	Fined £25.
For selling Channel Island milk deficient in milk fat.	3	Fined £10 in each case with £1 10s. 0d. total costs.
For parking caravans without prior permission	2	Fined £5 each.

Registered Food Premises

The following are the number of food premises by type registered under Section 16 of the Food and Drugs Act, and the numbers of dairies registered under the Milk and Dairies Regulations, 1949 :—

Dairies	3
Butchers' shops manufacturing sausages and cooked meats	76
Fish and chip shops	161
Bottled milk shops	783
Ice-cream manufacturing premises—hot mix	9
,, ,, ,, —cold ,,	9
,, shops	584
TOTAL	1,625

In addition, it is estimated that there are about 1,500 food shops and other food premises which are not subject to registration.

Factories Act, 1937

1. Inspections for purposes of provisions as to health.

Premises	No. on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authorities	113	...	...	...
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	895	175	47	...
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	...	...	...	...
Total	1,008	175	47	...

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector
Want of cleanliness (S.1)	...	...	...	...
Overcrowding (S.2)	...	...	...	...
Unreasonable temperature (S.3)	...	...	...	...
Inadequate ventilation (S.4)	...	...	...	...
Ineffective drainage of floors (S.6)	...	...	...	...
Sanitary conveniences (S.7) :				
(*a*) Insufficient	...	...	...	...
(*b*) Unsuitable or defective	40	24	3	13
(*c*) Not separate for sexes	...	...	...	...
Other offences against the Act (not including offences relating to out-work)	...	...	...	...
Total	40	24	3	13

Outworkers

SECTION 110 :

Number of outworkers in August list required by Section 110 (1)	138
Nature of work :	
Making, etc., of wearing apparel	138
,, ,, ,, brass and brass articles	Nil
Number of cases of default in sending list to Council	Nil
,, ,, prosecutions for failure to supply list	Nil

SECTION 111 :

Number of instances of work in unwholesome premises	Nil
,, ,, notices served	Nil
,, ,, prosecutions in respect of outworkers' premises	Nil

List of Samples Taken

Food and Drugs Act samples other than milk	295
Milk for Phosphatase Test	593
,, ,, Methylene Blue Test	613
,, ,, Fats and Solids-not-Fats, etc.	1,213
,, ,, Turbidity Test	135
Ice-cream	173
Fertilisers and Feeding Stuffs Act samples	10
Pharmacy and Poisons Act samples	14
Water supply samples	109
Swimming bath water samples	4
Rag flock samples	—
TOTAL	3,159

Results of Milk Samples

Test	Milk	Number tested	Passed	Failed	Per cent. failure
Phosphatase	Pasteurised	357	355	2	0·056
,, ...	T.T. Pasteurised	251	251	...	...
Turbidity Test	Sterilised	135	135	...	...
Methylene Blue	Pasteurised	357	354	3	0·84
,, ,, ...	T.T. Pasteurised	251	248	3	1·19
,, ,, ...	T.T.	32	25	7	21·87
T.B. Inoculation	Pasteurised	1	1	...	...
,, ,, ...	T.T.	7	7	...	...

Ice-Cream—Results of Samples

Number of samples tested.	*Grades.*
126	1
33	2
6	3
10	4

Unsound Food

The following articles were condemned during the year as unfit for human consumption :—

	lbs.
Meat (canned)	22,620½
Fruit (canned)	4,618
Vegetables (canned)	2,641
Poultry (canned)	180
Evaporated milk (canned)	270
Soup (canned)	212
Fish (canned)	270
Creamed rice pudding (canned)	30
Gammon	65
Bacon	95
Cheese	217
Sausage	92
Butter	21
Lard	24
Semolena	25
Dried Fruit	315
Miscellaneous	289
TOTAL	31,984½
Jam Rolls	14

Food Poisoning

SUMMARY OF FOOD POISONING, 1957.

Total number of outbreaks	Number of cases	Number of deaths	Organisms or other agents responsible	Foods involved
15	19	Nil	8 Salmonellae Typhi Murium	
			3 Staphyllococci	Cream sponge cake, Stew
			8 Unknown	

HOME SAFETY COMMITTEE

President :

THE MAYORESS.

Chairman :

MRS. H. SOUTHERN.

Hon. Treasurer :

R. CARTER, Esq.,
482, Bury New Road, Kersal, Salford, 7.

Hon. Secretary :

RONALD COOKE,
143, Regent Road, Salford, 5.

The problem of accidents in houses is of great importance when you consider that there are over 6,000 fatal cases annually, and it is estimated that over 500,000 accident cases are treated in hospitals annually. The suffering, not only of the patients, but of the patient's relatives, is tragic in all conscience, and the effect on the national economy is also a serious matter. The absenteeism in factories, shops and offices due to accidents cannot be estimated, but when you consider the cases treated in hospitals, the tragic wait by the bedside of patients in hospitals the figures above are an indication of the time lost, and the temporary reduction of efficiency must dismay economists. In the United States this is realised and a campaign is conducted in different States by the co-operative efforts of Home Safety Committees, Health Organisations, Educational Authorities, Insurance Societies and Industrial Organisations. In this country very little, if any, co-operation is given by Insurance Societies or Industrial Organisations, but no doubt when they realise how the problem of " home accidents " affects them they will make their contribution to this campaign to reduce the appalling figures referred to.

In Salford the Home Safety Committee sponsored by the Health Committee, continues its crusade.

Its members include representatives of various organisations interested in Social Welfare, such as Parent Teachers' Associations, Women's Co-operative Societies, Religious and Political Associations, Traders, Boy Scouts, the Health Department, Fire Brigade and the Gas and Electricity Boards.

During the year a panel of speakers addressed various meetings and a scheme was formulated to have a quiz or questionnaire to parents of children at two schools in the City.

The ultimate success of the crusade depends on the co-operation of parents and children, and the Committee seeks all means to make contact with people.

Any donations towards the work should be sent to the Hon. Treasurer, and the Secretary would welcome any criticism, suggestion or request.

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES

Food and Drugs Act Samples from the City of Salford	1,522
Fertilisers and Feeding Stuffs Act Samples	10
Pharmacy and Poisons Act Samples	3
Swimming Bath Waters	107
Contract Samples examined for the Purchasing Committee	77
Miscellaneous Samples	26
Tests connected with the Investigation of Atmospheric Pollution ...	1,104
TOTAL	2,849
Samples from the Borough of Eccles	164
Samples from the Borough of Sale	119
Samples from the Borough of Stretford	189
GRAND TOTAL	3,321

FOOD AND DRUGS ACT, 1955

During 1957, new Public Analysts' Regulations came into operation which re-enacted previous Regulations as regards the qualifications of Public Analysts, and also prescribed a revised form of certificate for the analysis of food and drugs.

Table 1 summarises the samples taken under the Food and Drugs Act, 1955. The percentage of adulteration was 3·3 compared with 2·7 for 1956.

The majority of samples submitted were purchased informally by the Sampling Officers, which results in less inconvenience and embarrassment to shopkeepers, etc., no division or sealing of the sample being carried out.

If analysis reveals any irregularity, the commodity is re-sampled formally, following the procedure set out in Part I of the Seventh Schedule of the Food and Drugs Act, 1955, i.e., dividing the sample into three parts and sealing each portion. It is only in respect of such formal samples that legal proceedings can be taken under the above Act. One of the three samples obtained in this manner is left with the vendor, one submitted to the Public Analyst, and the third is retained by the Sampling Officer for production in Court, when in case of dispute the Magistrate may order it to be submitted to the Government Analyst.

TABLE 1

FOODS

Sample	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent adulteration
		Preservatives only	Other ways	
Milk	1,220	...	24	2·0
Almonds, Ground	2	...	...	...
Baking Powder	1	...	...	...
Beans, Haricot in Brine	1	...	...	...
Beans in Tomato Sauce	1	...	...	...
Beef, Potted	2	...	...	...
Beef Steak with Gravy	1	...	...	...
Beer, Mild	1	...	...	...
Blackcurrant Juice Syrup	1	...	...	...
Blancmange Powder	1	...	...	...
Butter	2	...	...	...
Cakes, Milk Chocolate	1	...	...	...
Cakes, containing Pure Butter	1	...	...	...
Caramels, Double Cream	1	...	...	...
Caramels, Extra Cream	1	...	...	...
Cheese	2	...	...	...
Cheese Crisps	1	...	...	...
Cheese, Lactic	1	...	...	...
Cheese and Onion Spread	1	...	...	...
Cheese, Soft	1	...	...	...
Cheese Spread	2	...	...	...
Cherries in Syrup	1	...	...	...
Chewing Gum	1	...	...	...
Chicken and Lentils	1	...	...	...
Chicken, Minced	3	...	...	...
Chocolate, Milk Walnut Creams	1	...	...	...
Christmas Pudding	2	...	...	...
Chutney, Sliced Mango	1	...	...	...
Citroze	1	...	...	...
Coconut	3	...	...	...
Coffee and Chicory Essence	4	...	...	...
Coffee, French	1	...	...	...
Condiment, Non-brewed	1	...	...	...
Cordial, Blackcurrant Flavour	1	...	...	...
Cordial, Raspberry Flavour	1	...	...	...
Cornflour	2	...	...	...
Crab	1	...	...	...
Crab, Dressed	1	...	...	...
Cream	3	...	...	...
Cream, Double	1	...	...	...
Cream, Sterilised	1	...	...	...
Cream, Tinned	1	...	...	...
Cream, Processed	1	...	...	...
Currant Pudding	1	...	...	...
Currants	1	...	...	...
Currie Powder	1	...	...	...
Dates	2	...	...	...
Eccles Cakes	2	...	...	...
Eccles Cakes containing Pure Butter	2	...	...	...
Energy Tablets	1	...	...	...
Fish Cakes	1	...	...	...
Fish Paste	1	...	...	...
Fish Paste, Salmon and Cucumber	1	...	...	...
Fish Paste, Salmon and Shrimp	1	...	...	...
Fish, Tunny	1	...	...	...
Flour	1	...	...	...
Flour, Self-Raising	4	...	...	...

Sample	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Fruit Salad	1	...	...	...
Fruits, Mixed, Dried	1	...	...	...
Gelatine	2	...	...	...
Gravy Browning	2	...	...	...
Guinness, Extra Stout	1	...	...	...
Ham, Tinned	1	...	...	...
Ice-Cream	11	...	6	54·5
Ice-Cream with Added Cream	2	...	...	...
Ice-Cream Powder	1	...	1	100·0
Ice-Cream, Ready Mix	1	...	...	...
Icing, Instant	1	...	...	...
Jam	10	...	...	...
Jelly, Table	3	...	1	33·3
Lard	2	...	...	...
Lemon Cheese	3	...	...	...
Lemon Curd	5	...	1	20·0
Lemon Juice	3	...	...	...
Lemon Squash	1	...	...	...
Margarine	4	...	...	...
Marmalade	2	...	...	...
Marmalade, Diabetic	1	...	...	...
Marzipan	2	...	...	...
Meat Extract	1	...	...	...
Meat Paste	4	...	...	...
Milk Chocolate Gold Coins	1	...	...	...
Milk Flavouring	1	...	...	...
Milk, Full Cream Condensed	1	...	...	...
Milk Powder	2	...	...	...
Milk, Skimmed Condensed	1	...	...	...
Mincemeat	2	...	...	...
Mint in Vinegar	3	...	...	...
Mint Sauce	1	...	...	...
Mustard, Ready Mixed	1	...	...	...
Oil, Cooking	1	...	...	...
Onion, Pickle	1	...	...	...
Orange and Lemon Slices	1	...	...	...
Orange Crush	2	...	...	...
Orange Drink	6	...	...	...
Pastry, Puff	2	...	...	...
Pears	2	...	...	...
Peel, Candied	1	...	...	...
Peel, Cut Mixed	1	...	...	...
Pepper	2	...	...	...
Piccalilli	3	...	2	66·7
Pickles, Mixed	2	...	2	100·0
Pickle, Sweet	1	...	1	100·0
Ready Brek (Instant Hot Cereal)	1	...	...	...
Rice, Creamed	2	...	...	...
Rice, Creamed Milk Pudding	1	...	...	...
Roboleine	1	...	...	...
Sago	1	...	...	...
Salad Cream	1	...	...	...
Salad Dressing	1	...	...	...
Salmon Paste	1	...	...	...
Salmon Spread	1	...	...	...
Salmon, Tinned	1	...	...	...
Salmon with Potato Salad	1	...	...	...
Salt, Celery	1	...	...	...
Sauce	6	...	...	...
Sausage, Beef	9	2	...	22·2
Sausage, Pork	5	3	1	80·0

Sample	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Shortening	2	...	...	...
Smetana	1	...	...	...
Soda Water	1	...	...	...
Soup	10	...	...	...
Sponge Mixture, Sweetened	1	...	...	...
Sponge Pudding	1	...	...	...
Steak, Stewed	2	...	...	...
Steak and Kidney Pie	1	...	...	...
Steak and Onions	1	...	...	...
Suet, Beef	3	...	...	...
Sugar	2	...	1	50·0
Sultanas	1	...	...	...
Tomato Ketchup	2	...	...	...
Tomato Paste	1	...	...	...
Trifle, Sherry	1	...	...	...
Turkey, Minced	1	...	...	...
Vinegar, Malt	3	...	1	33·3
Vitaglucose	1	...	...	...
Weaning Food	1	...	...	...
Wine, Ruby	1	...	...	...
Yoghourt	1	...	...	...
Yorkshire Pudding and Pancake Mixture	1	...	...	...
TOTAL FOODS	1,473	5	41	3·1
DRUGS				
Alka-Seltzer	1	...	...	...
Anti-Smoking Tablets	1	...	...	...
Aspirin Tablets	3	...	...	...
Backache Pills	1	...	...	...
Benzac Tablets	1	...	...	...
Boracic Acid	1	...	...	...
Borax	2	...	1	50·0
Calamine Lotion	1	...	...	...
Camphorated Oil	1	...	...	...
Codeine, Compound Tablets of	1	...	...	...
Cough Cures	6	...	...	...
Fever Mixture	1	...	...	...
Fuller's Earth Baby Cream	1	...	...	...
Glauber Salts	1	...	...	...
Glycerine	1	...	...	...
Glycerine, Lemon and Honey	1	...	...	...
Glycerine, Lemon and Honey, with Ipecacuahna	1	...	...	...
Gripe Water	1	...	...	...
Herb Tablets	2	...	1	50·0
Indian Brandee	2	...	...	...
Indigestion Tablets	1	...	...	...
Koray Tablets	1	...	...	...
Nerve Powder	1	...	...	...
Olive Oil	3	...	...	...
Petroleum Jelly	1	...	...	...
Phenate of Soda	1	...	1	100·0
Rochelle Salts	1	...	...	...
Siedlitz Powders	5	...	...	...
Tonic, Childrens'	1	—	...	...
Vitamin Preparations	2	...	...	...
Zinc and Castor Oil	1	...	1	100·0
Zinc Ointment	1	...	...	...
TOTAL DRUGS	49	...	4	8·2
TOTAL SAMPLES	1,522	5	45	3·3

Milk

A total of 1,220 samples of milk were analysed of which 67 were designated Channel Islands milk.

Of the 1,153 samples of ordinary milk, 15 were deficient in fat (1·3%) and four were deficient in non-fatty solids (0·3%). Without the freezing point test these four latter samples might have been adjudged to contain extraneous water. As a result of this test the cause of the poor quality of each of these milks has been shown to be due to natural causes inherent in the feeding and breed of cow.

The average composition of the milks analysed (excluding Channel Islands milk) was as follows, the corresponding figures for the previous five years being given for comparison.

	1952	1953	1954	1955	1956	1957	*Minimum requirements.*
Fat %	3·53	3·52	3·61	3·58	3·62	3·67	3·00
Non-fatty Solids % ...	8·68	8·73	8·71	8·69	8·81	8·78	8·50
Total Solids %	12·21	12·25	12·32	12·27	12·43	12·45	11·50

Channel Islands milk, for which a higher price may be charged, is produced from cows of Channel Islands and South Devon breeds, and on average is appreciably richer in fat and to some extent in non-fatty solids than ordinary milk. A minimum standard of 4% of fat (as against 3% for ordinary milk) is applied to this milk.

Of the 67 samples analysed, nine failed to comply with this higher standard for fat. On 1st July, 1956, by the issue of the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, the Ministry of Agriculture, Fisheries and Food, and the Minister of Health, acting jointly, enabled the local authority to enforce the higher standard for Channel Islands milk in its area by legal proceedings if necessary. Action had to be taken in respect of the following samples.

Channel Islands Milk, Sample No. B.2375.

This informal sample, on analysis, was found to contain only 3·20% of fat. On comparison with the minimum standard for fat outlined above this sample was 20·0% deficient in fat.

Channel Islands Milk, Samples Nos. A. 620, A.621 and A.622.

These formal samples were taken from the same source as sample No. B.2375 above, and were found, on analysis, to contain only 3·12%, 3·10% and 3·08% of milk fat respectively. On comparison with the above-stated Regulations, they were thus 22·0%, 22·5% and 23·0% deficient of fat respectively.

Legal proceedings were undertaken in respect of these three samples, and at the hearing before the Stipendiary Magistrate, the defendants were fined £30 and £1 10s. costs.

TABLE 2
ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK)

Number	Description	Nature of adulteration or irregularity	Action taken
B.2926	Borax, B.P.	Efflorescence had occurred to the extent that the sample did not comply with the B.P. standard.	Stock withdrawn from sale.
B.2503	Herbs, Nerve	Infested with weevils.	Stock destroyed.
B.2656	Ice-Cream	8·0% deficient of non-fatty milk solids.	Maker advised *re* correct proportion of ingredients to be used in mixing.
B.2788	Ice-Cream	4·0% deficient of non-fatty milk solids.	Vendor interviewed and cautioned.
B.2970	Ice-Cream	2·6% deficient of non-fatty milk solids.	Extra sugar added to cold mix. Maker advised *re* mixing quantities.
B.3149	Ice-Cream	28·2% deficient of fat.	Vendor cautioned that legal proceedings would be instituted for any subsequent offence.
B.3155	Ice-Cream	7·2% deficient of non-fatty milk solids.	Vendor cautioned.
B.2811	Ice-Cream	5·3% deficient of non-fatty milk solids.	Vendor cautioned.
B.2853	Ice-Cream Powder ...	When re-constituted according to directions the resulting ice-cream was 3·3% deficient of non-fatty milk solids.	Powder returned to supplier who replaced it with fresh stock of correct composition.
B.3360	Jelly, Table	Surface mould growth.	Stock withdrawn from sale.
B.3467	Lemon Curd	Deficient of 63·2% of lemon oil.	Manufacturers communicated with by letter.
B.2615	Phenate of Soda... ...	40·0% deficient of phenol.	Pharmacist interviewed and cautioned.
B.2339	Piccalilli	Ingredients stated in wrong order on the label.	Respective manufacturers interviewed. Labels amended.
B.2227	Pickles, Mixed	Ingredients stated in wrong order on the label.	
B.3376	Pickles, Mixed ...	Ingredients stated in wrong order on the labels.	Same manufacturer. Labels amended after interview.
B.3377	Piccalilli		
B.3378	Pickle, Sweet ...		
B.2704	Sausage, Beef	Contained undeclared sulphite preservative.	Butcher cautioned.
B.3019	Sausage, Beef	Contained undeclared sulphite preservative.	Butcher cautioned.
B.2128	Sausage, Pork	Contained undeclared sulphite preservative.	Caution issued.
B.3017	Sausage, Pork	Contained undeclared sulphite preservative.	Caution issued.
B.3153	Sausage, Pork	Contained undeclared sulphite preservative in excess of maximum permitted amount.	Caution issued.
B.3486	Sausage, Pork	16·6% deficient of meat on a 65% basis.	After interview the butcher agreed to increase the meat content in subsequent mixings.
B.3420	Sugar	Contained 0·94% of cornflour.	Inadvertent contamination by housewife. No action taken.
B.3102	Vinegar, Malt	Contained 0·56% of undeclared salt.	Manufacturer undertook to declare the presence of added salt on his labels.
B.2929	Zinc and Castor Oil B.P.C.	Not now a Pharmaceutical Codex preparation, but is included in the British Pharmacopœia.	Old stock, withdrawn from sale for re-labelling.

Meat and Fish Products

The foodstuffs coming under this heading which are most frequently submitted to the Public Analyst are fish paste, fish cakes, meat paste, potted meat and sausage. The composition of fish and meat pastes and fish cakes is controlled by appropriate Food Standards Orders, but since the repeal of the Meat Products Order, no such standard exists for sausages. All the meat and fish pastes analysed conformed to the statutory standards.

The question of whether the public should have the protection of minimum standards for the meat content of sausages was answered by the recommendations of the Food Standards Committee published in May, 1956. The Committee recommended that a minimum standard of meat content of 65% for sausages made wholly or mainly of pork and of 50% for all other meat sausages, together with a proviso that the proportion of fat should not exceed 50% of the total meat content. There has been, however, some reluctance to implement these recommendations into a legal standard and at the present time no standards of composition exist for sausages.

The sausages sold in this City have with only one exception conformed with the above recommendations regarding meat content. The butcher in this case agreed to increase the meat content of his sausages and analysis of further samples which have been taken show that he has implemented his promise.

The Public Health (Preservatives) Regulations

These Regulations prohibit the use of any preservative in food except sulphur dioxide and benzoic acid, although there is a limited use of antioxidants in fats and fatty foods. These two preservatives may be used only in certain specified foods and the maximum permitted amounts are also subject to control. In the case of a limited number of foods the presence of such preservative must be declared to the purchaser.

Of the 1,331 samples examined for preservative, only five, all samples of sausage, failed to conform to the above Regulations. Sausages may contain up to 450 parts per million of sulphite preservative (expressed as sulphur dioxide) but its presence must be declared to the purchaser, either on a label wrapping the sausage or on a notice displayed in a conspicuous position in the place of sale. In four of the above cases the limit of 450 parts per million was not exceeded, but no intimation of its presence was given to prospective purchasers. In the other case the same offence was repeated and the above stated limit was also exceeded. The vendors of these samples were cautioned and the requirements of the above Regulations pointed out to them.

Metallic Contamination

Systematic testing of foodstuffs which are subject to metallic contamination has been carried on throughout the year. These comprise all canned foods and articles such as ice lollipops, tomato ketchup and vegetable products, of which the two latter may be contaminated with spray residues. The Food Standards Committee of the Ministry of Agriculture, Fisheries and Food has issued recommendations for limits of arsenic, lead, copper, tin and zinc in foods. All the samples analysed during the year under review have been well under the above recommended limits.

Frozen Confectionery

The Food Standards (Ice-Cream) Order, 1953, remained in force throughout the year. It requires ice-cream to contain not less than 5% of fat, 10% of sugar, and 7·5% of milk solids other than fat. The majority of the samples, particularly those of the large manufacturers were, much superior in quality to that required by the standard. It is the opinion of most Public Analysts that the Standard should be raised.

Of the six samples reported against, five were deficient of non-fatty milk solids and these deficiencies appeared to have arisen due to errors in mixing made by shopkeepers, although in one instance the cold mix powder was at fault. The offenders were warned of the necessity of complying with the above Standard and also given advice on the quantities of the various ingredients to be used in their mixing. Only one sample, No. B.3149, was found to be subject to a serious deficiency of 28·2% of fat and the vendor was warned that legal proceedings would be instituted in the event of a recurrence of this offence.

Although ice-cream is regarded as satisfactory if it conforms to the above Standard, it is felt in some quarters to be a misnomer, since no cream is actually present, the only dairy product being skimmed milk powder. Three samples claiming to contain added cream were analysed and sufficient milk fat was found to be present to justify these claims.

Food Labelling

The Labelling of Food Order requires that any food which is pre-packed for sale by retail shall bear a label listing the ingredients used in the preparation of that food. The ingredients must be stated in the order, according to quantity, in which they were used. In addition, the packer's name and address or registered trade mark must be printed on the label.

Equally important legislation concerning the description of food is given in Section (6) Paragraphs (1) and (2) of the Food and Drugs Act, 1955, which may be summarised as follows : A person who gives with any food or drug sold by him, or displays with any food or drug exposed by him for sale, a label or advertisement, whether attached to or printed on the wrapper or container or not, which (*a*) falsely describes the food or drug, or (*b*) is calculated to mislead as to its nature, substance or quality, shall be guilty of an offence.

Only six samples were adjudged to be unsatisfactory from the labelling point of view, namely, two samples of Piccallilli, three of Pickles and one of vinegar. In five cases the ingredients composing them were declared on the label, but they were listed in the wrong order. On pointing out these technical offences to the packers they were only too keen to accept and carry out advice as to the correct manner of labelling their products.

The remaining sample was of malt vinegar which analysis showed to contain more salt than would normally occur from the fermentation process. Thus, the presence of added salt should have been declared on the label and a letter pointing out this omission was sent to the packers who, in their reply, agreed to amend the label.

Drugs—Pharmacy and Medicines Act, 1941

A food and drugs authority within the meaning of the Food and Drugs Act, 1955, has the power to enforce the provisions of Sections 8, 9 and 11 of the above Act. Sections 8 and 9 prohibit the advertisement of drugs purported to cure certain diseases or to bring about abortion in women. Section 11 requires that any article recommended as a medicine shall bear a label showing the appropriate designation of the substance or substances composing it, together with their quantitative particulars.

The majority of irregularities that are found are due to Pharmacists not keeping their stock properly labelled as required by the monographs of the British Pharmacopœia or British Pharmaceutical Codex which are published every five years. Alternatively, they store their drugs for long periods under improper conditions so that they deteriorate and cease to conform to official requirements.

A sample of borax had been stored in a paper package and had dried out to such an extent that it no longer conformed to the British Pharmacopœia standard. Nerve herbs were found on examination to be infested with weevils and the stock had to be destroyed. Zinc and Castor Oil ointment was sold as a British Pharmaceutical Codex preparation from which it had been deleted in 1954 and included in the British Pharmacopœia, the pharmacist in question being unaware of this alteration made by his own Society.

A most flagrant illustration of this laxity was afforded by a sample of Phenate of Soda which was sold as a British Pharmaceutical Codex preparation also incorrectly labelled and 40% deficient of phenol. In addition, this medicine had been deleted from the British Pharmaceutical Codex in 1954.

Samples Submitted by the Central Purchasing Committee

One hundred and thirty-one samples have been analysed under this heading during the year under review. These samples range from foodstuffs such as meat extract and jam, to cleansing materials, polishes and soapless detergents for use in schools and institutions throughout the City. Specifications to which these commodities must conform have been set out by the City Analyst, thus ensuring that satisfactory articles are bought at competitive prices. Whilst the best quality product would be preferred, it is often necessary for economic reasons to choose an article which is reasonably good and likely to prove satisfactory in use. In this case a selection based on analytical data is especially useful rather than being guided on price alone which experience has shown on numerous occasions to bear little relation to quality.

Swimming Bath Waters

At all the public swimming baths in the City the water is regularly chlorinated so as to ensure the absence of water borne diseases being transmitted to bathers, and samples from the various baths are submitted to this laboratory so that a satisfactory level of chlorination can be maintained. One hundred and seven samples were submitted during the year, nine needed a slightly higher content of free chlorine for an adequate safety margin, and in 14 cases the chlorine contents were somewhat excessive. In reporting these swimming bath water samples the recommendations of the Ministry of Health (Purification of the Water of Swimming Baths) were adopted.

Miscellaneous Samples

Samples coming under this heading were submitted chiefly by the Health Department and are usually concerned with the spoilage of food or vitamin products stored for distribution by the Maternity and Child Welfare Clinics.

Drinking water was examined for the fluorine content which was found to be at a satisfactory level from the dental point of view.

Eight feeding stuffs and two fertilisers were received for examination, and all the samples complied with the requirements of the Fertiliser and Feedings Stuffs Act, 1926. Only two samples, one of disinfectant and one of solution of Ammonia, were examined under the ægis of the Pharmacy and Poisons Act, 1933.

The disinfectant was satisfactory but the solution of Ammonia was 88·0% deficient of Ammonia. Enquiries showed that the packer of this article had gone into liquidation, which was perhaps the best thing under the circumstances.

Samples from Neighbouring Authorities

The City Analyst also acts as Public Analyst for the boroughs of Eccles, Stretford and Sale. During the year, 148 samples under the Food and Drugs Act, 1955, 24 swimming bath waters and one miscellaneous sample were received from the borough of Eccles, 189 samples from the borough of Stretford, and 119 samples from the borough of Sale, both these latter submitted under the Food and Drugs Act. Fees totalling £905 10s. 0d. have been received by the City Treasurer in respect of this work.

Atmospheric Pollution

This work has for its object the collection of data for the Atmospheric Pollution Research Branch of the Department of Scientific and Industrial Research. When the results are considered on a sufficiently long-term basis they may reveal any significant trends in the degree of pollution of the air at selected points within the Salford boundary. The City maintains four "deposit gauges," two gravimetric sulphur dioxide units ("lead peroxide apparatus") and one "volumetric sulphur dioxide and smoke" apparatus, these being all visited and operated by the laboratory staff.

Table 3 gives average values for the amount of atmospheric deposit per month at four points within the City. The collected deposit which is brought down by the rain from the atmosphere is submitted for analysis, whereby it is split into its component fractions consisting of tar, combustible matter and grit or ash, whilst the separated rainwater is examined for soluble impurities, chlorides, sulphates and its pH value determined which is a measure of its acidity or alkalinity.

TABLE 3

DEPOSIT GAUGE OBSERVATIONS

(Monthly Averages—Tons per Square Mile)

	Salford. Broughton Modern School.	Salford. Ladywell Hospital	Salford. Northern Cemetery.	Salford. Park Lane Kersal.
Rainfall in inches	2·84	2·27	3·06	2·90
Tar	0·35	0·41	0·28	0·47
Carbonaceous matter other than Tar	3·66	5·98	3·95	2·97
Insoluble matter.	12·48	22·79	18·93	8·94
Ash	8·47	16·40	14·70	5·50
Soluble matter	6·28	6·48	7·40	5·38
Total Solids	18·76	29·27	26·33	14·32
Chlorides (Included in Soluble matter)	1·55	1·41	1·68	1·25
Sulphates (Included in Soluble matter)	2·35	2·68	3·04	2·25
pH value	3·7	3·7	4·2	3·7

The pH value of 3·6 to 4·1 indicates that the rainwater is acid in reaction, which accounts for its corrosive action on paint and buildings, the acid being derived from solution of sulphurous impurities in the air arising from the burning of fuel.

The sulphurous gases in the atmosphere were also measured directly at Regent Road and Ladywell Hospital by the "lead peroxide" method in which a surface of known area treated so as to be sensitive to acid sulphur gases is exposed under standardised conditions. Every month the apparatus is changed and the amount of sulphur compounds deposited on it determined, the results being expressed as milligrammes of sulphur trioxide per 100 square centimetres of exposed surface. Table 4 shows the variation in the daily average throughout the year and the significantly greater amount present in the air during the winter months when fuel consumption is at its greatest.

TABLE 4

Month.	Milligrammes Sulphur Trioxide per 100 sq. cms. Daily Average.	
	Regent Road.	Ladywell Hospital.
January	4·45	4·13
February	4·46	5·37
March	4·22	4·50
April	3·17	2·49
May	...	2·38
June	2·48	1·85
July	3·19	1·99
August	2·92	2·06
September	4·09	2·88
October	3·49	5·00
November	5·43	4·20
December	5·55	4·08

Volumetric Apparatus for Sulphur Dioxide and Smoke

This apparatus is of particular value since it measures directly the above contaminants from day to day. Air is pumped from the external atmosphere through a special filter paper and then through a dilute solution of hydrogen peroxide, both of which are changed daily. The solid particles of soot are trapped on the filter paper which is then compared with a series of standards from which the concentration of smoke in the atmosphere can be evaluated. The dilute solution of hydrogen peroxide converts the sulphur impurities into sulphuric acid which can be estimated and expressed in terms of sulphur dioxide. The volume of air passed through is measured by means of a meter which is connected in series with the apparatus.

Table 5 depicts the daily average concentrations of smoke and sulphurous impurities.

TABLE 5

Month	Smoke (milligrammes per cubic metre)	Sulphur Dioxide (part per million)
January	0·55	0·26
February	0·64	0·18
March	0·54	0·14
April	0·44	0·20
May	0·31	0·10
June	0·21	0·06
July	0·32	0·06
August	0·35	0·06
September	0·42	0·10
October	0·62	0·18
November	0·66	0·22
December	0·77	0·19

CARE OF MOTHERS AND YOUNG CHILDREN, SUPERVISION OF MIDWIVES AND DOMICILIARY MIDWIFERY SERVICE, HEALTH VISITING, HOME NURSING, Etc.

Statistics.

The rise in the birth rate noted in the report for 1956 has continued. The total number of births notified during the year was 3,148 as compared with 3,002 in the previous year. The corresponding totals for adjusted births are 3,114 and 2,908, giving a total birth rate for this year of 18·8. Of these, 1,708 (54·84%) were institutional births and 1,406 (45·17%) were domiciliary.

There has been a slight increase in stillbirths, the number being 88, giving a stillbirth rate of 28·26 as compared with 28·20 in 1956.

Infant Deaths.

There has again been a slight decrease in the infant death rate, 28·75 as compared with 29·37 last year. The total number of deaths was 87, of which 62 occurred in the first month of life, giving a neonatal death rate of 20·48, and of these, 52 occurred in the first week.

The perinatal mortality rate, i.e., stillbirths and deaths in the first week, is 43·9, slightly less than that of last year.

It is hoped that the Perinatal Mortality Survey, which is to be carried out under the auspices of the National Birthday Trust Fund next year, will reveal some information which will lead to a reduction in these deaths.

As before, prematurity is the principal cause of the 62 neo-natal deaths, of which 36 were classified as due to prematurity, either alone or associated with other conditions.

In four of these premature births the death was attributed to some maternal cause as follows :—

Eclampsia	1
Placenta Prævia	1
Toxæmia	1
Pyelitis	1

Twelve of the premature babies died from intra-cranial hæmorrhage, four from atelectasis and four from neo-natal pneumonia.

One infant which lived 25 minutes, in addition to being premature, had multiple congenital deformities, another died from umbilical infection, a third from pulmonary hæmorrhage, and a fourth from sclerema.

Sixteen deaths were certified as due to prematurity alone.

In addition to the 12 premature infants who died from intra-cranial hæmorrhage, there were five deaths from this cause among full-term infants. This, therefore, takes second place in the causes of infant deaths in this area.

Deaths from congenital malformations number 11. Of these, six were due to congenital heart disease, two to anencephaly, and three to meningocele. These three conditions, prematurity, intra-cranial hæmorrhage and congenital malformations together account for 90% of the neo-natal deaths this year.

Deaths of Children 1 to 5 years.

There were eight deaths of children in this age group, the cause of death being as follows :—

Number.	*Age.*	*Cause of death.*
1	2 years.	Status epilepticus.
2	2 „	Congenital heart disease. (Death followed Blalocks operation).
3	1 year.	Cerebral palsy. Neo-natal anoxia. Prematurity.
4	4 years.	Accidental death. Motor accident.
5	4 „	Glioma of pons.
6	3 „	Intestinal obstruction caused by adherent Meckel's diverticulum.
7	1 year.	Respiratory failure. Encephalitis.
2	2 years.	Disseminated lympho-sarcoma.

Maternal Deaths.

It is interesting to compare the causes of maternal deaths in Salford with the figures given in the Report of the Ministry of Health on Confidential Enquiries into Maternal Deaths in England and Wales for 1952-54 published this year. This report deals with 1,094 deaths classed as due to pregnancy or childbirth and states that four conditions account for two-thirds of these deaths. These are Toxæmia (22%), Hæmorrhage (17%), Abortion (14%) and Pulmonary Embolism (13%).

Of the thirty-three maternal deaths occurring in Salford during the last ten years there were three from toxæmia, four from hæmorrhage, two from abortion and two from pulmonary embolism. In one of the toxæmia cases there was an associated mitral stenosis. The greatest number of deaths, nine in all, were due to mitral stenosis. In one of these cases the immediate cause of death was a ruptured ectopic pregnancy.

It would, therefore, seem that in this area toxæmia is not one of the main causes of maternal death, but that mitral stenosis is.

No death from toxæmia has occurred in this area since 1954.

Only a third of the maternal deaths occurring in Salford in the last ten years were due to the four main causes mentioned in the Ministry's report.

STATUTORY SUPERVISION OF MIDWIVES
(Midwives Act, 1951)

Notification of Intention to Practise.

In accordance with the provisions of the above Act the number of midwives who notified their intention to practise within the area was as follows :—

As Midwives :		
(*a*) Institutional	30	(45)
(*b*) Domiciliary	23	(27)
TOTAL	53	(72)
As Maternity Nurses :		
(*a*) Institutional	0	(1)
(*b*) Domiciliary	1	(1)
TOTAL	1	(2)
GRAND TOTAL	54	(74)

Figures in brackets are those for 1956.

MISCELLANEOUS NOTIFICATIONS (as required by the Rules of the Central Midwives Board)

Notification	Institutional	Domiciliary	Private Practice	Total
Stillbirth	Not applicable	9	...	9
Death	,, ,,	3	...	3
Laying out of dead body	,, ,,	3	...	3
Infection	,, ,,	58	...	58
Artificial feeding	65	185	...	250
Medical aid	787	1,024	...	1,811

DOMICILIARY MIDWIFERY SERVICE

The maternity services of the country are in the melting pot. The Cranbrook Committee, inaugurated to investigate the state of affairs as they exist and to recommend improvements for the future, have not yet issued their report. Meanwhile, obstetricians, doctors and a dwindling number of midwives continue to meet the needs of expectant mothers and their offspring.

The call for better integration of the services provided by the three authorities responsible for maternity care came to all concerned through the Memorandum on Ante-Natal Care Related to Toxæmia issued by the Ministry of Health in 1956 ; 1957 has given an opportunity for the working out of recommendations made at the joint meetings held in this connection.

In Salford, improvements have been made as indicated below under the headings given in the Memorandum, namely :—

Pattern of Supervision.

The midwife is now the person controlling the pattern of supervision. During the year it has been possible to amalgamate medical officers' and midwives' ante-natal sessions. The majority of expectant mothers, booked for home confinement, receive their ante-natal care in the local authority centres, the midwife accepting the responsibility of ensuring that the mother is seen at the appropriate times by the medical officer.

A small percentage of patients receive all ante-natal care from their general practitioners in surgeries. These are known to the midwives and are invited to attend the midwives' sessions when no medical officer is present.

Very few general practitioners hold separate ante-natal sessions for mothers booked for maternity medical services, and only one doctor has accepted the services of a midwife to assist him. This practice was established before the Memorandum was issued.

Wherever an alteration of pattern of supervision is made by local authority staff, all interested parties are informed. General practitioners do not always inform local authority staff when changes have been made by them.

Personal History.

In Salford there is a generally accepted policy along the lines recommended for hospital admission and as far as the domiciliary workers are concerned all needy cases have had the opportunity to book a hospital bed.

The greatest offenders for not taking advantage of the policy are the mothers themselves, i.e., grand multiparæ who refuse to go into hospital even when told of some of the dangers. Also too often these mothers if they are admitted for delivery take their own discharge from hospital before they are fit on the grounds of fretting children at home.

In this connection greater effort is required to convince the parents that maternity benefits should be spent in providing adequate home help (supervision) in order to avoid anxiety for the mother whilst away from home.

General Medical Examination.

Medical examination is carried out on all mothers in the local authority clinics, except those cases where it is known that the general practitioner prefers to do his own ante-natal care. Many patients in the area receive treatment for varying degrees of anæmia, but there are still odd ones who reach labour in an unsatisfactory state of health. These are usually the cases where the pattern of supervision has not been clearly defined or the mother herself has not carried out treatment.

At the local meetings held in connection with the Memorandum it was considered unnecessary to organise X-ray examination of every expectant mother, therefore the policy has been to refer only suspect cases to the chest clinic for X-ray and to utilise the service provided by the Mass Miniature Radiography Unit, when available, for all expectant mothers willing to attend. The response to the latter was not good despite much propaganda by midwives and the arranging of special sessions.

Routine inspection of the mouth results in many appointments being made for dental treatment. Not all take advantage of the local authority appointments or visit their own dentist as a result of the advice given.

Obstetric Examinations.

Arising from recommendations locally, it was agreed that more frequent medical examinations in pregnancy were required. Midwives are now requested to ensure that all patients are referred to a doctor as early as possible, at the 28th week, 30th-32nd week and 36th week as a minimum. This is being done wherever the co-operation of the patient has been available.

Toxæmia is not a common complication in this area, but wherever such a case is referred to the hospital, a bed is made available. There is still a need for some workers to appreciate the significance of hypertension and albuminuria.

Midwives, as indicated previously, are present at medical officers' sessions and sometimes in a doctor's surgery. Lack of staff makes it impossible to supply a midwife for the midwifery cases seen in surgeries along with general medical patients. All attempts to persuade general practitioners to utilise the clinics for maternity cases have failed or "petered out." The majority prefer to leave routine care of the mothers to the local authority.

Blood Testing.

If a blood examination is not carried out in this area it is the fault of the patient herself. Late booking of domiciliary cases sometimes means that the blood report is not in the hands of the midwife when required.

Wherever the hæmoglobin is below 80% the midwife's attention is drawn to it by the Supervisor. The midwife is then responsible for seeing that the mother is referred to the appropriate medical attendant. Repeat hæmoglobin estimations are also being done more frequently.

A, B, O blood grouping is not done in this area as it was felt that greater accuracy would exist if done when required.

Testing for the Rhesus factor is performed, but the test for antibodies in Rhesus negative cases is now being carried out at the 32nd-34th week rather than at the 36th week as the occurrence of a premature labour occasionally meant that the report was not available when required.

Where antibodies have been found the mother is referred immediately for hospital delivery so that treatment is available for the infant if it is required at, or soon after, birth, thus reducing fœtal mortality and morbidity.

The mother's blood is also submitted for a Wassermann Reaction and Kahn Test. Where doubt exists a second test is performed and where still positive the mother is referred for treatment and arrangements made for hospital confinement.

Ante-Natal Records.

The combining of the medical officer's and midwife's ante-natal record is of inestimable value and is also an economy measure. Special transfer forms are used when patients move from one authority to another.

No *written* record is available between midwife and general practitioner. A good deal of verbal information is given over the telephone but that is all, apart from the general practitioner who holds a clinic with a midwife present.

Follow-up work of absentees from clinics is done by midwives and in this direction the hospital staff has utilised the domiciliary midwife to contact defaulters. This has had excellent results in many instances.

Health Education and Preparation for Motherhood.

Two centres in the City are perpetually running series of mothercraft classes. There are nine classes in a session, and health visitors, midwives and pupil-midwives continue to provide a comprehensive course of instruction. Film strips, demonstrations and flannelgraph are all used to implement the spoken word.

A very important aspect is the supply of suitable literature, some available free and others obtainable at low prices. The demand for the latter has been quite surprising.

The classes tend to be a little larger than advisable, namely ten to fourteen. Suitable accommodation and lack of personnel has limited expansion to more centres.

Treatment Facilities.

In-patient treatment has been available when requested.

The Home Help Service is not used as much as it ought to be mainly because it is not free and sometimes because the home conditions are quite beyond the pale of the most willing and courageous home help.

For the future it will be necessary to urge all interested parties to use a suitable co-operation card. For ante-natal care to be effective it must be efficient and there are still too many loop-holes which can only be eliminated by greater liaison between hospitals, general practitioners, medical officers and midwives.

The domiciliary services provided through the medium of the Midwifery Section are as follows :—

1. The Midwifery Service.
2. The Breast Feeding Service.
3. The Premature Baby Service.
4. Salford Second Period Training School.
5. Inspection of Nursing Homes.
6. Statutory Supervision of all Midwives.

The Midwifery Service.

An increasing number of domiciliary births have been attended by a decreasing number of domiciliary midwives. This has meant a reorganisation of some aspects of the service.

The first step was to hand over the Night Midwifery Service to the Ambulance Service. No longer is a midwife used just to receive calls from the public and to pass them on to a midwife.

Secondly, the Premature Baby Nurses were given the responsibility of both mother and child, whereas previously these specialist nurses only attended the premature baby whilst the midwife visited the mother. Apart from an economy measure it is a much more satisfactory arrangement from the mother's point of view seeing that professional advice will only be given by one person apart from the doctor.

The new arrangements have worked well but even so the staffing situation showed no improvement by the end of the year, despite the offer of suitable furnished or unfurnished accommodation, car allowances, etc., to attract midwives. Of course, all these amenities are available in the more salubrious areas and, unless additional monetary awards are made to those working in industrial districts, the tendency after qualification will be to move away to more attractive places.

Language difficulties have been quite prevalent during the year. Many mothers from overseas are remarkably adept at acquiring a knowledge of the English language but in some instances signs and demonstrations are the only means of communication. Will the midwife of the future need to be a linguist ?

There is no doubt that the shortage of midwives and the changing attitude of obstetricians towards the after-care of the parturient woman may bring about a further reorganisation of the midwife's duties. Will the future midwife be a person responsible for the co-ordination of all aspects of ante-natal care, the one to deliver the child under normal circumstances and only a supervisor of the after-care of the mother and child, the actual work of the lying-in period being conducted by a person with some other qualification ?

Staffing Position.

	Establishment.	*Staff* (31/12/56)	*Staff* (31/12/57)
Non-Medical Supervisor	1	1	1
Assistant Non-Medical Supervisor	1	1	1
Approved District Teachers	5	5	5
Non-Teaching Midwives	20	16	13
TOTALS	27	23	20

Absence on account of sickness amounted to a total of 208 days, making an average over the year of 12·2 days per midwife, which was a further reduction over the previous year.

Statistics of the Midwifery Service

Ante-Natal Care.

(1) CLINICS.

Combined ante-natal sessions commenced on 11th November, a medical officer attending each clinic at fortnightly intervals. Prior to this 36 " midwife only " sessions were held monthly.

The figures given below include attendances at 36 " midwife only " sessions per month until November, plus attendances at 18 " midwife only " sessions per month after November.

Number of mothers who attended	2,055
,, ,, new cases attending	850
Total number of attendances	8,270

(2) Home Visiting.

(*a*) " Follow-up " of clinic defaulters	}	6,896
(*b*) Routine visits		
(*c*) Investigation of home conditions for hospital and other Local Authorities—		
(i) Hope Hospital		525
(ii) Other hospitals		16
(iii) Local Authority		16
Total		557

Analysis of Home Investigations for Hope Hospital.

Midwife's report	Booked	Not booked	No report received	Total
Good	34	151	11	196
Fair	119	15	6	140
Bad	152	...	6	158
Removed from area	...	4	3	7
Miscarried	...	3	...	3
Others—mainly no access	5	10	6	21
Totals	310	183	32	525

Comparative Statistics—Home Investigations for Hope Hospital.

1953	1954	1955	1956	1957
479	419	306	508	525

(3) Natural Childbirth.

As far as the staffing situation has permitted the physiotherapists have held classes of instruction on " Natural Childbirth " during the ante-natal clinic sessions at the following centres :—

Crescent Clinic.
Ordsall Clinic.
Police Street Clinic.
Langworthy Centre.
Murray Street Clinic.

(4) Mothercraft Classes.

The purchase of a new projector has facilitated the better organisation of mothercraft instruction.

A further extension of the classes to the Broughton area is necessary but this cannot be done whilst the attendances at the ante-natal clinic sessions remain so high. The real need is another clinic in Broughton, preferably Lower Broughton. This would reduce the average attendance and allow time for more health education.

Attendances.

New mothers	308
Others	862
Total attendances	1,170

(5) Bookings.

	1956	1957
Total number of domiciliary bookings	1,594	1,685
,, ,, ,, cancellations (removals and abnormalities requiring hospitalisation, etc.)	235	342

Deliveries.

(1) STATISTICS.

Doctor booked and present at delivery	124	
,, not booked and present at delivery	2	
		126
,, booked and not present at delivery	1,237	
,, not booked and not present at delivery	35	
		1,272
TOTAL		1,398

N.B.—These figures include two doctors' notifications and one private midwife's case.

Thirteen cases of twins occurred, making a total of 1,411 domiciliary births.

(2) COMPARATIVE STATISTICS (excluding doctors and private case).

	Live births.	*Stillbirths.*	*Total.*
1953	1,260	22	1,282
1954	1,183	11	1,194
1955	1,089	16	1,105
1956	1,173	17	1,190
1957	1,396	12	1,408

(3) ANALGESIA.

The purchase of more trilene machines has made this form of analgesia available to more mothers and caused a further decline in the use of nitrous oxide and air analgesia. Nevertheless, all who desired relief of pain have been able to have analgesia in one form or the other. Odd exceptions are those whose labour was too short, or those who had failed to obtain the necessary medical certificate during their pregnancy.

STATISTICS.	*Number of patients.*	*Percentage.*
Nitrous oxide	150	10·75
Trilene	970	69·54
Pethidine	823	59·06
Total Analgesia :		
(*a*) Inhalational	1,120	80·29
(*b*) Pethidine alone	71	5·09
TOTALS	1,191	85·38

(4) STILLBIRTHS.

Throughout the country great concern has been expressed at the persistent high stillbirth rate. Congenital abnormality has ranked high as a cause of stillbirths in past years in Salford, but in 1957 only one case had such a gross abnormality as to cause death in utero.

Post-mortem examination was carried out on seven of the twelve stillbirths and, although very careful histological and bacteriological tests were carried out, certainty as to cause of stillbirth could not always be established.

One interesting feature was the presence of intra-uterine infection in two of the cases, but even then it was difficult to establish whether the infections were transplacental or an ascending infection arising from early rupture of the membranes.

The Peri-natal Mortality Survey proposed for 1958 under the auspices of the National Birthday Trust will no doubt throw further light on this most stubborn record of mortality.

COMPARATIVE STATISTICS (domiciliary only).

	Number of Stillbirths.	*Number per 1,000 Live and Stillbirths.*
1953	23	17·9
1954	12	10·1
1955	16	14·4
1956	18	15·05
1957	12	8·5

It is only fair to point out that 32 mothers booked for home confinement were admitted to hospital for delivery and eventually had stillbirths. Twenty-eight were admitted in pregnancy and four during labour.

SUMMARY OF CAUSES.

(*a*) Following post-mortem examinations by Dr. H. B. Marsden, Pathologist, Pendlebury Children's Hospital.

Cause		Presentation	Weight lbs. ozs.	Gestation	Fresh or macerated	Pathologist's remarks
Intra-uterine infection.	1.	Vertex	7 0	40 weeks	Fresh	Origin of lung infection not known.
	2.	Vertex	4 3¼	33-34 ,,	Macerated	Placental changes due to bacterial infection—no signs or symptoms of infection.
? Placental insufficiency.	1.	Vertex	3 6	? 36 ,,	Macerated	Evidence of localised placental separation, plus placental hypoplasia.
	2.	Vertex	3 13	? 40 ,,	Macerated	A great vein of skull missing. Age of mother and a small placenta significant factors.
Anoxia.	1.	Vertex	7 3	40 ,,	Macerated	A congenital heart lesion present—incompatible with life of more than a few months.
Undiagnosed	1.	Vertex	4 11½	? 40 ,, (doubtful)	Macerated	Intra-uterine anoxia of doubtful significance. All organs below normal weight.
	2.	Vertex	4 1	38 weeks	Macerated	Too macerated.

(*b*) Others :—

Contributory factors	Presentation	Weight lbs. ozs.	Gestation	Fresh or macerated	Remarks
Early rupture of membranes.	Vertex	9 6	40 weeks	Fresh	Forceps delivery.
Prematurity ...	Footling	5 14	37 ,,	Fresh	Episiotomy performed.
Prematurity ...	Vertex	2 4½	30 ,,	Fresh	Cause not known.
B.B.A.	Vertex	6 0	40 ,,	Macerated	Cause not known.
Hydrocephalus ...	Shoulder	1 7½	? 32 ,,	Extreme Maceration	Cause not known.

(5) Emergency Obstetric Unit.

The " Flying Squad " was called out from Hope Hospital on three occasions, each request being made by the general practitioner on account of post-partum hæmorrhage.

After domiciliary treatment, two patients were admitted to Hope Hospital, whilst the third was admitted without treatment being given in the home. All recovered.

Puerperium.

The domiciliary midwife continues to nurse her own deliveries up to the fourteenth day but by mutual agreement all hospital discharges over ten days have been cared for by health visitors. Earlier discharges from hospital are nursed by the domiciliary midwives.

Acute staff shortages are making it increasingly difficult to fulfil our obligations to the mothers and babies in the puerperium. The use of part-time temporary staff if available may have to be considered as a future method of dealing with the problem.

Total number of nursing visits to own patients and hospital discharges 31,004

The following subjects are closely linked with the puerperal state, namely :—

(1) Infection. Statutory notifications received :—

	Hospital.	*District.*	*Totals.*
Puerperal Pyrexia	4	13	17
Ophthalmia Neonatorum	1	...	1
Pemphigus Neonatorum	...	...	...
Totals	5	13	18

Causes of pyrexia were notified as follows :—

Uterine sepsis	3
Influenzal conditions	3
Breast complications	1
Respiratory tract infection	2
Appendix abscess	1
Undiagnosed causes	7
Total	17

It is felt that the above record is not a true picture of the incidence of infection as cases of puerperal pyrexia are not always notified.

(2) Breast Feeding.

Owing to a tremendous increase in the incidence of artificial feeding it was agreed that the two midwives whose special work was helping mothers and babies towards the establishment of lactation after delivery, should now concentrate on the education of the mother in the ante-natal period. Despite this change of policy the trend away from breast feeding continues to the detriment of the mother/child relationship.

Where special problems are encountered the lactation sisters help the mother after delivery, very often the results are encouraging but the work is time-consuming and, when a mother lacks the will to breast feed, she is rarely persuaded to change her mind.

Notification of Artificial Feeding received from district midwives were as follows :—

Complementary	68
Supplementary	118
TOTAL	186

COMPARATIVE STATISTICS.	1953	1954	1955	1956	1957
Complementary	19	43	38	72	68
Supplementary	57	62	72	91	118

REASONS FOR SUPPLEMENTARY FEEDING.

Previous breast abscess	9
Condition of nipples	20
Medical condition of mother	12
Condition of infant	9
Lactation failed	22
Mother refused to breast feed	34
No special reason	12
TOTAL	118

(3) BREAST FEEDING CLINIC.

The change of policy towards the prevention rather than the cure of breast feeding problems resulted in the closing of the Breast Feeding Clinic at the end of July, 1957.

The following statistics cover the seven-month period referred to :—

Number of mothers referred	58
,, ,, defaulters (primary)	9
,, ,, mothers who attended	49
,, ,, attendances	126

RESULTS.

Number of mothers completely breast feeding	13
,, ,, ,, giving mixed feeds	14
,, ,, ,, artificially feeding	18
Results not known (secondary defaulters)	4
TOTAL	49

(4) BREAST FEEDING IN THE HOME.

The closing of the Breast Feeding Clinic allowed the two specially trained midwives to concentrate wholly on domiciliary visiting and the ante-natal clinics. The combining of midwives and doctors, ante-natal sessions means that *every* mother has had an opportunity of discussing the feeding of her baby before delivery, thus potential problems are recognised and dealt with individually.

Where a psychological problem existed the mother was encouraged to talk freely on the matter. During 1957, only three mothers flatly refused to consider breast feeding ; one, a nursery nurse, acquiesced in theory to the value of breast feeding but completely revolted at the idea in practice. The remaining two were multiparæ, whose memories of painful, cracked nipples made the whole idea of breast feeding abhorrent to them.

The use of small doses of stilboestrol in the prevention of engorgement is still not appreciated by some workers, but there is no doubt that this drug should be used more along these lines than in the suppression of lactation.

STATISTICS.

Number of mothers brought forward from 1956	4
,, ,, ,, referred	164
,, ,, visits paid	1,192
,, ,, no-access visits	50
Average number of visits per mother	9·5
Number of mothers still being visited	18

RESULTS.

Number of mothers completely breast feeding	44
* ,, ,, ,, giving mixed feeds	40
,, ,, ,, artificially feeding	66
TOTAL	150

* This group includes mothers who only give one artificial feed at 10.0 p.m.

(5) NEO-NATAL DEATHS (born at home and died at home).

STATISTICS.	1953	1954	1955	1956	1957
Abnormal fœtus	...	1	1	1	...
Asphyxia	1	2	1	...	1
Cerebral hæmorrhage	...	...	...	...	1
Prematurity	1	2	2	2	...
Respiratory infection	...	2	...	1	1
Other causes	...	...	...	...	...
Unknown causes	1	...	...	...	1
TOTALS	3	7	4	4	4

Ten other infants born at home were admitted to hospital and subsequently died there. Details are as follows :—

STATISTICS.

Prematurity	4
Congenital defects	3
Anoxia	1
Other causes	2
TOTAL	10

(6) PERI-NATAL MORTALITY.

These figures relate only to babies born on the district and include the stillbirths and neo-natal deaths up to seven days after delivery.

STATISTICS.

1953	20·28	Rate per 1,000 live and stillbirths.
1954	16·06	
1955	17·14	
1956	21·74	
1957	17·04	

N.B.—1957 includes eight babies born at home who subsequently died in hospital.

(7) MATERNAL DEATHS—Nil.

(8) MEDICAL AID during Pregnancy, Labour and Puerperium.

For the mother during pregnancy	139	
,, ,, ,, ,, labour	535	
,, ,, ,, ,, the puerperium	87	
	—	761
,, ,, infant		263
TOTAL		1,024

Medical aid called under :—

(*a*) Maternity Medical Services	979
(*b*) Midwives Act, 1951	45
TOTAL	1,024

Domiciliary Premature Baby Service.

The past year has been an extremely busy one, the situation being accentuated by a prolonged sick leave and attendance at refresher courses.

There was a notable increase in the number of premature babies born at home ; this, in addition to staff shortages, made the use of special transport essential in order to maintain an efficient service.

As already intimated from November last the premature baby nurses took over the nursing care of the mother as well as the baby in all cases of prematurity in the home. This meant asking the hospital staff to retain their premature infants until they could be safely handed over to the health visitor.

The pædiatric clinic continues to be held at Jutland House, but the increasing number of premature infants necessitated holding the sessions twice in December instead of once. No doubt two sessions a month will be required in 1958.

STATISTICS.

Number of domiciliary premature live births	105
,, ,, ,, ,, stillbirths	7
TOTAL	112

PREMATURE LIVE BIRTHS.

Number transferred to hospital	16
,, nursed entirely at home	89
TOTAL	105

HOSPITAL DISCHARGES.

Number of premature babies discharged from hospital for home nursing	101
Nursing visits to hospital discharges	775

IMMATURE INFANTS.

Number of babies weighing over 5½ lbs. nursed by premature baby nurses	9
Nursing visits	115

The results up to 28 days of the domiciliary live premature births can be seen from the following table :—

Premature Live Births	Born at Home and Nursed at Home			Born at Home and Transferred to Hospital		
Birth Weights	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days
3 lbs. 4 ozs. or less	...	...	...	2	...	1
Over 3 lbs. 4 ozs., up to and including 4 lbs. 6 ozs. ...	12	1	11	5	...	3
Over 4 lbs. 6 ozs., up to and including 4 lbs. 15 ozs. ...	30	...	30	4	...	3
Over 4 lbs. 15 ozs., up to and including 5 lbs. 8 ozs. ...	47	...	46	5	...	3
TOTALS	89	1	87	16	...	10

NURSING VISITS.

Premature infants born at home	2,736
Hospital discharges	775
Immature domiciliary cases	115
TOTAL	3,626

PÆDIATRIC CLINIC.

Attendances :

Number of new attendances	48
Others	57
TOTAL	105

Part II Midwifery Training School.

Twenty-four pupil-midwives commenced Part II training at Jutland House during 1957 ; of these, fourteen were from Hope Hospital and the remainder mainly from Crumpsall Hospital.

One pupil-midwife who commenced training in December, 1956, became sick in January, 1957, went home and failed to return to complete her training.

Of the twenty-one candidates who completed their training, nineteen were successful at the Central Midwives Board examination at their first attempt. The two failures passed three months later at the next examination.

Despite the fact that Salford Health Authority completed the training of nine pupil-midwives who were under no obligation to return to Hope Hospital, no recruitment to the Midwifery Service from this source occurred. Proposed action for the future will be the retention of such candidates for a period of three months after qualification. The person would benefit from the post-graduate experience and would alleviate the serious shortage of practising midwives in the City.

Other Activities held in Jutland House.

(1) Children's Club.

The Children's Health Club continues to flourish, steady weekly sessions being held except at holiday periods.

Scottish dancing still remains a favourite pastime, but it has been impossible to find a suitable person to instruct the boys in carpentry.

Two main social events occurred, i.e., the annual outing to Southport and the Christmas Party. The children were particularly delighted when the Chairman of the Health Committee and the Medical Officer of Health paid them a visit during the latter event.

The Warden of the hostel is doing an excellent piece of work in the training of these young people.

(2) The Day Training Centre for Problem Mothers.

This project was only meant to be a beginning of a new venture in the rehabilitation of mothers of neglected families, therefore during 1957 the hostel and services of the Warden were no longer required for this work, other arrangements having been made.

STATUTORY INSPECTION OF NURSING HOMES

Routine inspection of Salford's only nursing home has been carried out to the satisfaction of the officers concerned.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics.

As mentioned in the report on the Domiciliary Midwifery Service, the Medical Officers' and Midwives' Sessions at all the clinics were amalgamated in November, the Health Visitor attending only for mothercraft instruction. I have to again report an increase in the attendances at these clinics, the number of individual mothers attending being 1,777 compared with 1,450 in 1956. The number of new cases seen by Medical Officers was 1,549. The corresponding figure for 1956 was 1,365.

The number of blood specimens taken at these clinics were as follows :—

For Wassermann and Kahn Tests	1,300
,, Rhesus Factor	1,324
,, Hæmoglobin Estimations	1,406

Specimens were not taken from mothers who had them taken elsewhere during the current pregnancy.

Nine of the mothers were found to be Wassermann positive. These were old cases and were referred to hospital for treatment.

The number of mothers found to be Rhesus negative was 186. Seven of these had Rhesus antibodies and were referred for hospital delivery.

Post-Natal Clinics.

The number of mothers attending for Post-Natal Examination was 27. One can only hope that post-natal examinations are being carried out by general practitioner obstetricians.

Child Welfare Clinics.

LEICESTER ROAD CLINIC.

Owing to a change in ownership of the premises this clinic had to be closed and arrangements made for the mothers to attend at Murray Street Clinic. In spite of careful searching on the part of staff and of mothers we have not been able to find suitable premises, which would be more convenient for the mothers in this area.

SUMMERVILLE CLINIC.

The sessions held at Ingleside in Oakwood Park were transferred to the building in Summerville Road, formerly occupied as a Day Nursery in July of this year. This clinic is more central for the mothers living in the Height area and meets a real need as shown by an increase in attendances.

Later in the year arrangements were made for a medical officer to attend once weekly and for two physiotherapy sessions to be held weekly. It is hoped to have an ante-natal session when a new heating system has been installed and some structural alterations carried out.

Toddler Sessions.

The attendances at these sessions continue to be disappointingly low. It was, therefore, decided that at some of the clinics, instead of having separate toddler sessions, these should be combined with the child welfare sessions. This was done at Regent Road, the Crescent, Cleveland and Summerville Clinics.

The practice of carrying out Mantoux tests on the year olds was continued, 606 tests being done, seven were found to be Mantoux positive and were referred for further investigations.

One medical officer who attends two toddler sessions regularly saw 558 children and reports that among these she found three children with visual defects, one deaf child, three mentally defective (including one mongol), one child with a right hemiplegia following tubercular meningitis, and five children with congenital heart disease (three of these were already under observation at a hospital : the other two had no symptoms and were considered to have minor defects requiring observation only). There were 20 with bronchitis and four with asthma. Forty-two children had dental caries.

Welfare Foods.

The distribution of these in the centres continued throughout the year. The rearrangement of the ante-natal sessions has provided greater facilities for expectant mothers.

We are indebted to the Women's Voluntary Service for their assistance in the distribution of these commodities at one of the larger centres in the City and also at the ante-natal clinics held at Hope Hospital. These involve six weekly sessions in all.

Orange Juice.

The total number of bottles of orange juice given was 107,158 as compared with 106,549 distributed in 1956.

The reduction in October of the age group who qualify for this product has begun to show its effects. Distributions in the first three quarters of the year were above the 1956 figures, but in the December quarter it was lower by one-sixth in comparison with 1956.

Cod Liver Oil Compound and A and D Tablets.

The uptake of Cod Liver Oil has dropped by 3,308 bottles this year and, although there has been a higher number of births in the City, the number of packets of A and D tablets distributed at the various centres in the City has fallen by 1,000.

National Dried Milk.

A similar story—a falling off in sales—has to be told regarding National Dried Milk. The downward trend has been noted since 1954, the year when the Welfare Foods Service was transferred to local authorities and this in spite of a rise in the birth rate these last two years. It is difficult to find a reason for this.

Breast Feeding Clinic.

See report on Domiciliary Midwifery Service.

Domiciliary Premature Baby Service.

See report on Domiciliary Midwifery Service.

Dental Care.

Patients are seen in the school clinics on the recommendation of the medical officers, midwives or health visitors, no regular system of inspection being possible. Consequently, the treatment required is mostly of an emergency nature. Attendance by mothers on invitation is regrettably very poor and would seem to be dependent either on toothache or the possibility of the supply of full dentures.

Due to extended nursery facilities in schools many children under five years are seen there and their treatment is recorded in the school returns.

No sessions or fixed times are set aside for maternity and child welfare dental treatment, which is carried out in conjunction with the treatment of school children.

All forms of treatment are available, including X-rays and dentures, the processing of which is carried out in the Authority's laboratory.

The usual annual table giving details of the forms of treatment carried out during the year is attached hereto :—

Dental Care of Expectant and Nursing Mothers and Children under School Age.

(1) (*a*) Number of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—

(i) Senior Dental Officer	1/11
(ii) Dental Officers	1/11
(*b*) Number of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service	Nil
(*c*) Number of dental clinics in operation at end of year ...	4
(*d*) Total number of sessions (i.e., equivalent complete half days) devoted to maternity and child welfare patients during the year	70 (estimated equivalent)
(*e*) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year ...	1

) Dental Treatment Return.

A. Numbers Provided With Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers ...	232 (263)	228 (262)	203 (243)	151 (171)
Children under five years	558 (542)	512 (514)	457 (417)	403 (402)

Figures in brackets are those for 1956.

B. Forms of Dental Treatment Provided.

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anæsthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant & nursing mothers ...	38 (51)	30 (38)	...	...	285 (276)	50 (46)	51 (36)	29 (10)	... (3)
Children under five years	...	134(78)	205 (255)	...	453 (532)	162 (206)	...	...	...

Figures in brackets are those for 1956.

Psychological Service.

Consultant Child Psychiatrist.

The Child Psychiatrist continued to attend twice weekly to see cases referred to her by medical officers and health visitors.

Family Guidance Clinics. (Dr. Barbara Oldham).

It is gratifying to report further progress in the work of the above centres during 1957. The attendances at Langworthy Road have continued to increase steadily, while those at the Murray Street Centre have been more than doubled during the year. It would appear that the work at this Centre is becoming more generally known and the reference of patients by General Practitioners, Health Visiting Staff and the Probation and Mental Health Services has increased considerably.

During 1957 the health visitors have again proved most co-operative and helpful in making home visits and reporting in person whenever possible.

(1) Murray Street Clinic.

During 1957, 24 new applicants were added to the register (as against 14 in the previous year). The maximum number of interviews given at any one session was six (as against four in 1956). In contrast to other years a steady rise in attendance occurred during the early months of the year, and again in the last three months, the summer months showing a slight decline.

My report for 1956, prepared in early January of last year, indicated the beginning of this improvement and I am gratified that the forecast of a coming improvement has been fulfilled.

Typical Cases Seen.

Mr. and Mrs. A, aged 39 and 38 respectively, were referred by the Probation Officer on account of marital disharmony and the fact that they were seeking separation. They had two young children and an older daughter belonging to the wife. This girl had married young and left home after causing a good deal of trouble.

The wife was an intelligent person but had had an extremely difficult upbringing, in which she had felt rejected by both her parents and had experienced considerable sibling difficulties. She had never found the security with her husband which she urgently needed, but which he lacked the insight to give her.

Both parties proved co-operative and have visited the centres on numerous occasions. Improved relations have been built up slowly, and painfully at times, but both husband and wife feel that real progress has been made, and the family situation has markedly improved.

Mr. and Mrs. B, aged 27 and 26 respectively, with one daughter of $3\frac{1}{2}$ years, were referred from the Manchester centre, to which the wife had referred herself on reading of the work in the local press.

The wife was an intelligent professional person, superior in most respects to her husband, who was an immature and very insecure man, with many difficulties in his home background. Disharmony had resulted from the beginning of the marriage, which was forced, and they were on the point of separation.

Both parties made numerous attendances and some progress has been made. The wife is now pregnant for the second time, and the husband has proved able to show her greater support and understanding, although his own personal problems are far from completely being solved. The case continues.

Mrs. C, aged 37, pregnant for the first time after a few months of marriage, was referred by a friend. She was an intelligent, capable person, who had served some years in the W.R.A.F. Her husband, aged 34, was a " rolling stone." After many years in the Merchant Navy and the Army, he found it impossible to settle down in any job, and had actually been in a mental hospital as a voluntary patient not very long before being seen. Constant quarrels had occurred owing to his instability and her lack of understanding.

The interest of the Centre Superintendent proved a great help in this case, and matters improved as the wife was advised and supported.

Unfortunately, the couple were forced to remove from their furnished rooms about a month before her confinement, and no news has been heard of them since. On her last attendance the wife voiced real appreciation of the help and support she had been given.

Mr. D, aged 28, married for the second time after divorcing his first wife, had a child of each marriage. He was referred by the Centre Superintendent on account of difficulties with the family of his former wife, involving the child of that marriage.

The husband made numerous attendances, and both his present and former wife were interviewed. The former wife, the mother of the child concerned, proved to be an intelligent and co-operative person, and the difficulties appear to have arisen on account of the jealousy of the second wife towards the off-spring of the first marriage. The second wife was a very immature and irresponsible girl and she refused to accept the opportunity to attend.

On his last visit the husband stated that he was doing his utmost to " make the best of a bad job," and was assured that help would be available if ever he cared to attend in the future.

(2) Langworthy Road Centre.

During the year, 42 new applicants were added to the register (as against 16 in 1956), and the maximum interviews given at any one session was nine (as against five in the previous year). The cases have been referred almost entirely by General Practitioners and the Health Visitors serving the centres.

Typical Cases Seen.

Mrs. A, aged 44, was referred by her General Practitioner, on account of recurrent eczema of psychogenic origin. She had a young daughter and an older son now working. Her husband, aged 46, was a well-meaning but unintelligent man, with no insight at all into his wife's feelings and need of his support.

The wife herself had been one of a large family, with an epileptic father and a mother who had been bedfast for many years. She had been brought up by her older brothers and sisters, all of whom had done very well. She

has been ostracised by her family in earlier years when she had an illegitimate child, but had recently become reconciled and turned into the family drudge for her now-aged parents. She had become very depressed and her own doctor had considered her entry into a mental hospital. She proved intelligent and co-operative and soon responded to therapy. To date she has maintained progress, returned to her work, and established happier relations in her own home. The case continues.

Mrs. B, aged 34, with one child of school age, was referred by her General Practitioner on account of obsessional fears, constant headache and depression. Her husband of 38, has been suffering for the past few years from severe rheumatoid arthritis. This had seriously threatened the security of the home, and she had turned out to work in order to meet the situation.

Explanation and encouragement given enabled her to overcome her fears to a large extent, and she has continued to make progress to date.

Mrs. C, aged 32, was referred by her Health Visitor, as she was separated from her husband. There were three children, the eldest being four years of age, and in a sanatorium on account of tuberculosis. Matrimonial difficulties had developed, after a happy beginning, owing to the husband's thoughtlessness and the wife's inability to become less dependent on her mother.

She was seen on several occasions, but the husband proved unwilling to attend. This was no indication of his unwillingness to co-operate, however, and contact was maintained with him through the Health Visitor.

They were reconciled shortly before Christmas, and the wife returned to express her gratitude for our help. She was urged to attend again if need should arise.

One interesting feature has been a group of cases, seven in number altogether, where one, or at the most two, attendances have been made, resulting in immediate and continued improvement in the situation. The types of problem dealt with have been difficulties over sex relationships, the handling of children in the home, in-law difficulties, and others over joint outings and use of money. In most of these cases the reference has been through the Health Visitor, and it would seem that there might be many more such cases where short-term treatment would prove beneficial.

Psychological Clinic. (Miss Schofield).

	Attendances.	
	New.	*Old.*
Murray Street	214	416
Police Street	281	516
Langworthy	232	396
Leicester Road	108	266
Regent Road	233	411
Cleveland	272	565
Regent Road (ante-natal) plus one attendance at Landseer Street	344	

The remedial work in the clinics has been very varied as in previous years—enuresis, temper-tantrums, nightmares, sleep-walking, feeding, sleeping and toilet problems, to mention a few of them. Nearly all the children have settled down after mothers have understood the reasons for the difficulties and made some adjustment.

Mothers have talked over their own fears and frustrations and many difficulties due to illness, financial stress and personal relationships. There are still large numbers who find housing conditions a great strain and, unfortunately, one can do very little to alleviate the tension with the continued housing shortage, except to listen to the parents' troubles. It certainly accounts for frayed tempers in countless families where under reasonable housing the family would live contentedly together. One sees how very much happier young mothers are when they can at last use their creative home-making instinct. It does give a feeling of security and a freedom from frustration to these people.

The high cost of living brings anxiety to many good parents who strive to do the best for their children. One particularly worrying item is boys' footwear. Mothers admit that children should have good footwear, but they cannot keep pace with the wear and tear of the healthy, active boy. Mothers speak freely of their difficulties and I believe they get some relief when pouring out their troubles to someone who understands. A famous psychologist has said that more people are healed by the psychotherapist's love of people and sympathetic listening to the patient's trouble than by the use of any brilliant technique. It is certainly true in the clinics. Many mothers would never understand some of the professional techniques and jargon. In spite of many difficulties, most mothers face their bogies, and in doing so, find themselves able to surmount most of their problems.

A few less stable mothers resort to neurosis as a means of getting attention when they feel overwhelmed. Some of these come back again and again for reassurance. They, too, admit that it is a help to be free to come, without appointment, whenever fears are piling up. Quite a number of these have fears of further pregnancies. Some are very ignorant as regards family planning. Some on religious grounds cannot make use of the teaching, but again they seem relieved to talk.

Much time has been devoted to teaching mothers both individually and in small groups. They are told of the child's basic needs for mental and emotional health. Most of this work can be done without the mothers feeling any sense of failure. I invariably begin by showing parents all the good things they have achieved and then suggest that just as they are willing to experiment with new ideas of feeding, clothing, etc., they may like to try out some of the things we are finding valuable in building healthy minds in happy people. At the same time I point out the value of some of the old teaching. This frequently stimulates vigorous discussion on " Mother says . . . . . " Then I show the value of some of granny's ideas and say : " Of course you will take the advice of the clinic, but at the same time don't hurt granny. She may be a wonderful blessing when you are needing a baby-sitter or help in time of sickness." A number of grannies have remarked on the kinder approach afterwards.

Children's activities provide material for talks in every clinic. Advice is given on the use of simple play material to be found in the house. Repeatedly parents sacrifice money in buying elaborate toys. The parents may, and often do, get some pleasure out of the purchasing of them, but most healthy young children only wish to be terribly active, terribly curious and very imitative—three wonderful functions for the development and growth of a child in the fullest sense at a time when the mother may be very much occupied in caring for a new baby. What a wonderful natural economy of the mother's time ! How difficult it would be if mothers had to teach every activity and skill !

In all the clinics there have been happy contacts with the mothers and as last year the suburban type have been most enthusiastic in their questions and discussions.

Talks have again been given to student nurses and nursery nurses, and a talk was given to the nursery assistants at the Education Offices.

Once again I should like to thank the doctors and health visitors for their help in providing details of the physical and home backgrounds of mothers and children.

PHYSIOTHERAPY SERVICE

The year started under great difficulties as, owing to staff shortage and sickness, there was only one trained physiotherapist and an unqualified assistant to carry out the running of the department and staff all clinics and carry on all the clerical work. By staying late at nights and foregoing all Saturday morning off duty, the department was running, but the strain was very great on the small staff. In March, a physiotherapist returned to work after a serious operation, and a newly qualified physiotherapist, who was very willing and helpful, was appointed to the department, and a fresh start was made on the waiting list of children requiring treatment, which list had grown to alarming numbers during the previous months.

Action at Ultra Violet Light Clinics.

Sunlight clinics are held twice weekly at :—

1. Regent Road Clinic.
2. Langworthy Health Centre.
3. Police Street Clinic.
4. Murray Street Clinic.

Owing to improved living standards and increasing knowledge of parents in the bringing up of their children, probably there is not such a need for artificial sunlight as previously, or even in the war years when young children were forced to spend part of their lives in underground shelters. But even today in industrial areas where smoke and smog cut out a large number of the sun's beneficial rays before they ever reach people, in my opinion, artificial sunlight acts as a tonic on debilitated children, and mothers still express the opinion that their children sleep and eat better and are more free from colds after a properly given course of sunlight.

Physiotherapy Treatment Clinics.

Wherever possible these are held at least twice weekly and at the busiest clinics four times weekly, and where space is available in conjunction with the sunlight clinics to spare busy mothers as few journeys to the clinics as possible. The aim of our treatment is to teach and encourage the child's parents to help their own child, whether the treatment is for a simple condition such as knock-knees, where the most important thing is not twice weekly treatment at the clinic but the daily manipulation of the knee done at home by the parent who is shown how to do this by the physiotherapist during the weekly visit to the clinic. For more complex conditions, such as those occurring in children with cerebral palsy, the child spends the largest part of its life in the home, and it is the correct handling there and a realisation by the parents, of the child's difficulties and potentialities from babyhood

until adult life, which make all the difference, not only to the physical and emotional development of the child, but also to its whole family, and that is why it is found so important that all congenital conditions should be treated from babyhood that the later physical and psychological conditions may be as slight as possible.

Day Nurseries.

Mothers of young children are helped whenever possible to bring their children for treatment by offering early or late appointments by fitting in with lunch hour or Saturday morning so that the child is not deprived of necessary treatment. In a few cases where it has been found impossible for a mother to attend at any time, a physiotherapist has visited the nursery or the matron has helped by sending the child with a nursery helper to the nearest clinic. All nurseries are provided with sunlight lamps and the matrons give the courses of sunlight requested by a medical officer at the nursery. As far as can be ascertained no child has been deprived of treatment because he has been attending a nursery and no arrangements have been possible.

Residential Nursery.

Twice weekly visits have been made by a physiotherapist to give treatment in the residential nursery. Often because of unfortunate home conditions these children are in need of treatment when admitted to the nursery and every effort is made to overcome their difficulties whilst in the nursery, and the staff are always most willing to co-operate in continuing treatments between the physiotherapist's visits.

Specialist Orthopædic Clinic.

The orthopædic surgeon has held a once weekly clinic every Tuesday at Regent Road. This clinic helps both the mothers and the out-patients' departments of the hospital. The Regent Road Clinic, having smaller numbers, cuts down the waiting time that is spent at the clinic and also decreases the pressure of work on the hospitals. The orthopædic technician attends at the same time for the fitting of any orthopædic apparatus and the wedging of shoes. Most of the work is completed in a week and means that children requiring shoe alterations are not deprived of their footwear for any long period. There appear several advantages resulting from having a separate orthopædic session for children held at one of the health clinics : the mothers appreciate the more intimate atmosphere in a smaller department ; the orthopædic surgeon is not so hurried ; and the mothers and children are usually personally known to the physiotherapist, which is a great help in obtaining their co-operation in following out any treatment prescribed.

Neumann Neurode Baby Exercises.

Since the number of day nurseries has decreased, there has not been such a demand for baby exercises, but they are still given at Regent Road Clinic, Ordsall Centre, Langworthy Health Centre, Murray Street Clinic. These are mainly given to encourage normal development in healthy babies and encourage the mother to play with her baby and help its muscles and bone to grow strong and healthy.

Ante- and Post-Natal Exercises.

Much progress has been made during the year in encouraging the mothers to realise the value of relaxation in helping them during their confinement and ensuring a speedy return to well-being after the birth of their babies.

Education is always a slow progress and in an industrial city there is always a certain amount of ignorance and resistance to new advances to be overcome. Accommodation at some of the clinics being so limited it is also difficult to find a place where a few moments peace and quietness is possible, and it is very disconcerting for the ideals of a physiotherapist to have the mother snatched away just as relaxation has been obtained.

The young mothers are also starting to co-operate themselves and admit they feel the benefits of the exercises. This is half the battle because so much more benefit is obtained when the mothers co-operate willingly.

DAY NURSERIES

Resignation of Miss Holliday.

Owing to ill-health, Miss L. Holliday, who had been in the service of the Corporation for 15 years, first for a few months as a Nursery Matron and for almost 15 years as Supervisor of Day Nurseries, found it necessary to resign and to apply for superannuation. This decision was received with great regret. Miss Holliday was a conscientious, loyal and hardworking officer, and it is largely due to her efforts that Salford Day Nurseries attained their high standard of efficiency. She is very much missed by her colleagues in the Health Department and by the staffs in the Day Nurseries.

Miss Quayle.

Later in the year we lost another member of the staff—our Teacher Superintendent, Miss M. G. Quayle—who left to take up another appointment. Miss Quayle had been with us for only a short time but she showed herself to be keenly interested in the educational activities of the nurseries and in the training and supervision of the wardens in charge of the two to five year group and of the student nursery nurses. Her guidance is very much missed.

Closure of Day Nurseries.

For economic reasons it was decided to reduce the number of nurseries by two. Wilmur Avenue and Summerville Day Nurseries were, therefore, closed in July : Wilmur Avenue Nursery was transferred to the Mental Health Section and Summerville is being used as a Maternity and Child Welfare Centre. The effects of this closure is described later in this report.

This report concerns seven day nurseries including two which were closed in July, 1957 :—

NUMBER OF NURSERIES.

January to July, 1957, seven nurseries with accommodation for 325 children.
August to December, 1957, five nurseries with accommodation for 235 children.

NUMBER ON REGISTER.

1st January.	Under 2 years	... ...	106
	Over 2 ,,	... ...	209
		TOTAL	315
31st December.	Under 2 years	... ...	55
	Over 2 ,,	... ...	174
		TOTAL	229

TOTAL ATTENDANCES.		
Under 2 years		14,621
Over 2 ,,		38,050
	TOTAL	52,671
NUMBER OF DAYS OPEN		248
AVERAGE DAILY ATTENDANCE (at end of year).		
Under 2 years		59
Over 2 ,,		153
	TOTAL	212 (81·2%)
NUMBER OF NEW ADMISSIONS		317
NUMBER OF WITHDRAWALS		189

LENGTH OF STAY.

Less than 2 weeks	44	109 stayed less than 8 weeks.
Between 2–8 weeks	65	
Over 8 weeks	208	

Priority of admission, as hitherto, has been given to children urgently in need of nursery care due to illness of parent, separation of parents, death of parent, and for acute social and public health reasons. All applications for admission have been checked by the health visitors before acceptance. The reduction of the number of available places due to the closing of two nurseries has increased the waiting lists and caused considerable hardship to families in financial need, many of whom have acquired debts due to sickness for long periods.

Closure of Nurseries.

Summerville and Wilmur Avenue Nurseries were closed as Day Nurseries in July, 1957. All children who had been admitted as priorities to these nurseries were found places in the five remaining nurseries. This meant withdrawing some children to create vacancies and considerable anxiety was caused. Many of these were cases of financial hardship and debts caused by sickness, housing problems and instability of marital relationships. Fifteen places had to be found for children from Wilmur Avenue and seven for children from Summerville. The closing of these nurseries also gave rise to much apprehension among the staff, who would become redundant, but with the exception of the following :—

(1) One member obtained a post with a neighbouring authority.

(2) Five members were transferred to other corporation services, including three domestic workers.

(3) One member resigned to take other training ;

the remaining staff are being absorbed into vacancies arising in the day nurseries. One part-time domestic worker and one trained nursery assistant still remain redundant to staff requirements, but will be absorbed in the near future.

Students.

Six students successfully completed the two-year course of training in July, 1957. It was not possible to appoint any of these students to posts in the day nurseries, but one successful student has since been appointed as nursery nurse after a term of employment in the baby unit of a hospital.

Two students were appointed to Salford nursery classes.
„ „ „ „ „ baby units in hospital.
One student was accepted into a teachers' training college.
One did not seek employment.

Visitors.

The day nurseries have again welcomed many visitors for observation, including staff from nurseries of neighbouring authorities, nursing cadets, student nurses from hospitals, district nurses and pupil midwives.

Refresher Courses.

Members of the nursery staffs attended refresher courses for Matrons, Deputy Matrons, and Wardens during this year, and had opportunities of visiting nurseries of neighbouring authorities and have acknowledged the benefits they have gained from these.

A combined meeting of the matrons and headteachers of the nursery schools with the course tutor for the N.N.E.B. students was felt to be of particular interest and benefit.

Staffing Conditions.

The staff have felt the relief given by the extra workers in the period between July and December, but absenteeism is still too great for efficient staffing of a full nursery.

The practice of taking Saturday work in shops, etc., and in odd cases, work during the evenings to augment income, is becoming a common occurrence. The staff at one nursery has claimed ration money and is providing a sandwich or similar mid-day meal—a practice to be deplored if absenteeism is to be curtailed.

Medical Inspections.

The nurseries have been visited by the medical officer each week if possible, but individual medical examinations have not been as numerous due to pressure of other nursery duties. Each new child, each sick child on return to nursery and each child leaving for school has had a medical examination. No mantoux tests have been done this year.

INFECTIONS.

Chickenpox	19	
Measles	32	(28 in one nursery)
German Measles	1	
Pertussis	2	
Mumps	5	
Tonsillitis	9	
Sonne Dysentery	60	(40 including 4 staff in one nursery)

It will be seen that again the only epidemics have been measles in one nursery and dysentery sonne in another nursery.

HEALTH VISITING SERVICE

Combined health visiting/school nursing/tuberculosis visiting continued to be carried out by general health visitors. Specialist health visitors undertook the, by now, well-established services for the Aged and Infirm, the Child Neglected in his own Home, the Unmarried Mother and Hospital Liaison. Training of students of all types who attend the Department is undertaken by a specialist health visitor who qualified as health visitor tutor during the year.

Maternity and child welfare clinics have been staffed as usual, the main emphasis of the work being on health education. Towards the end of the year midwives' and assistant medical officers' ante-natal clinic sessions were combined, the health visitor attending to advise on any medico-social problems outside the province of the midwife, and to undertake group teaching in collaboration with midwives.

Home visiting is the main and most important function of the health visitor. Her work, however, does not end there. Details of every visit must be recorded, and in many cases considerable time spent in telephoning, interviewing other social workers, writing special reports and other activities, in an endeavour to meet the needs of the moment.

The upward trend of the past few years in the staffing position was not maintained this year. Seven health visitors left the service and were not replaced, although student health visitors qualifying under the Salford Training Scheme filled five of the vacancies created. The prospect for 1958 is even poorer as we have only one student health visitor due to qualify in that year. It is a matter for regret that no inducements are offered to compensate for the harassing difficulties and frustration which health visitors in an area like Salford are called upon to meet. One cannot blame those wishing to transfer to areas offering fewer problems and less worry for the same pay, holidays, etc.

Consultant Health Visitor for Prevention of Family Break-up.

The Consultant Health Visitor, who has been in charge of this work since its inception in 1951, was given leave of absence without pay for one year commencing August, 1957, in order to complete her studies for a degree in Sociology of the University of London. In her absence the work has been undertaken by other senior members of the staff.

On 1st January, 1957, the register kept by the Consultant Health Visitor for children neglected in their own homes included 265 established and potential problem families.

During 1957, ten families moved out of Salford ; five families improved and were removed from the register ; 26 established problem families showed some improvement and were transferred to the potential list. Twenty-four families were added to the list of established problem families, five of these were formerly on the potential list. On December 31st, 1957, 123 established and 146 potential problem families were retained for supervision in 1958.

These figures represent only a fair estimate of the size of the problem in Salford. " Problem family " is a term which defies definition and the assessment which leads to this classification depends to some extent upon factors external to the family situation. A family which displays prominently

anti-social behaviour in one setting may merge happily and inconspicuously into the background of another. Equally, much depends upon the standards, ideals and prejudices of the assessor.

Whilst these families present complex and widely differing situations, factors such as gross financial mismanagement and poor family relationships are common.

Chronic debts and mis-spending are features of modern life which are not confined to one stratum of society. They are damaging to family life in any setting, and may involve constant worry and pressure from creditors, threat of eviction for rent arrears, disconnected supplies of gas and electricity, gross deficiencies of household equipment and sleeping accommodation, and a margin of money to buy food which is so slender that the family diet is monotonous and inadequate.

Mrs. A, a young mother, was helped to overcome some of these problems. When first seen she was living in dirty chaotic surroundings and with no food in the house. She was depressed and apathetic. Her husband, previously in regular work, was remanded in prison on a charge of stealing. Although she received full National Assistance allowance, and Family Allowance, her total commitments exceeded this amount. She owed money for hire purchase, house purchase, clothing checks, electricity and gas accounts, and food bills at local shops. She was afraid to open her door, or venture out with her children, and had lost interest in her home, her family and herself.

The health visitor's immediate task was to restore this mother's confidence and stimulate her will to overcome her problems. She did this by gently and firmly encouraging her, first to face her financial situation by working out with her, in detail, a careful budget to meet her minimum obligations. Secondly, she discussed the problems of feeding the family with very little money, and discovered that Mrs. A was able to cook and shop wisely. The health visitor then approached a voluntary agency which undertook to pay the gas and electricity accounts ; she then referred Mrs. A to the Poor Man's Lawyer, who intervened with two firms who were pressing for payments for debts incurred by the husband.

As Mrs. A regained her confidence she took a renewed interest in her children. She started to take them out, and she attended a child welfare centre. The children gained in weight and looked happier, and no longer whined and clung to their mother.

In the meantime, Mr. A was sentenced to three months' imprisonment, a shorter sentence than his wife had anticipated. To help overcome her loneliness, Mrs. A was introduced to a mothers' club, where she quickly made friends. She started writing to her husband, and visiting him, and redecorated the house for his return home.

People like Mrs. A need to be helped to face the situations in which they find themselves, and to be supported and encouraged until they achieve independence once more. This may mean striking at the roots of some long-established customs in this part of the country—such traditions which demand new, expensive and unserviceable clothes for Whit Week, thus incurring debts which are a burden throughout the whole year ; " Clubs " of many kinds, and a credit system of buying with clothing checks, which limits choice, encourages overspending and mortgages income for many months to come.

In addition to intensive and personal contact with unsatisfactory families, social group therapy has proved successful in certain carefully chosen cases.

Crescent Mothers' Group—Day Training Centre.

This small group of socially isolated and non-coping mothers continued to attend twice weekly sessions in the kitchen of Langworthy Centre until October, when more suitable premises were made available at the Crescent Centre, formerly the Royal District Nurses' Home. Activities have extended to include shopping, simple cooking and baking, dressmaking, alterations and mending, washing and ironing, and some evening outings to exhibitions of special interest.

From the start, it was agreed that re-education should be by doing, rather than by observation and formal instruction, and that learning situations should be real and have meaning.

The group atmosphere is informal and free, and discussion is encouraged. If learning is to modify behaviour, the development of desirable attitudes and ideals is as important as the acquisition of new skills.

Success in such a group must be measured in small doses, but it is evident in the regular and punctual attendances of the members, in that they no longer need escorting to and from the centre, in their enthusiasm, and the reported comments of their husbands.

The consultant health visitor for children neglected in their own homes is the nominal leader of the group dealing with personal problems, guiding discussions, and forming policy. The success and smooth running of the group is directly due to personality of the group teacher, and her ability to make friendly relationships.

Two other workers are responsible for the care of the children who are often disturbed, handicapped or backward. We are indebted to Mrs. Lane of the W.V.S. for the regular and willing help she has given throughout the year.

Many of the children who attend are difficult to handle, but settle down and appear to benefit from sympathetic handling and group play in no less measure than the mothers benefit from their group therapy.

In December, 1957, eight mothers were attending regularly for two sessions weekly. Of these, four, who were completely unskilled when they joined the group, can now do simple knitting and sewing, and cook a dinner. The general cleanliness standards are much higher and group friendships are forming. With improved facilities it is hoped to extend the group to three sessions next year.

The Unmarried Mother and Her Child.

The specialist health visitor for care of the unmarried mother and her child continued to be responsible for this work.

Seventy-six new cases were added to the 50 carried over from the previous year. Sources of referral were as follows :—

	As Expectant Mothers.	*After Confinement.*
Health Visitors	14	17
Hope Hospital Almoner	2	12
Clergy	2	...
Own Initiative	4	2
Maternity and Child Welfare Doctor	3	1
National Assistance Board	1	...
Mental Health Department	1	...
General Practitioners	3	...
Moral Welfare Associations	2	1
Day Nursery	...	2
Midwife	...	1
Employer	1	...
Hospital Matron	...	1
Friend	1	...
Newspaper	1	...
Outside Local Authorities	...	4

The number of expectant unmarried mothers referred from Hope Hospital has been reduced over the years from 30 in 1952 to five in 1956 and two in 1957. The total number of new cases first seen before or after confinement has, however, for some years remained constant at 70 to 80.

CLASSIFICATION OF NEW CASES.

First seen as expectant mothers	Single girls	Married women	Total
Expecting first illegitimate child	19	4	23
,, second ,, ,,	7	2	9
,, third ,, ,,	1	...	1
,, fourth ,, ,,	1	...	1
TOTALS	28	6	34
First seen with babies already born			
With first illegitimate child	27	6	33
,, second ,, ,,	7	...	7
,, third ,, ,,	1	...	1
,, fourth ,, ,,	...	1	1
TOTAL	35	7	42
GRAND TOTAL OF NEW CASES	63	13	76

All the married women concerned had either been divorced or separated from their husbands for some months before becoming pregnant.

At least half the total of new cases came from either unstable or broken homes. Family attitudes towards the problem vary a good deal, the girl from the problem family faring better than most. In such a home the unmarried mother is usually accepted and her baby becomes one of the family from the outset. In families where appearances matter, however, the girl may be rejected or she herself may feel unable to face friends and neighbours when her condition becomes obvious, so she leaves home. In either circumstance the girl may find herself friendless and homeless. It is then that the Mother

and Baby Homes play their part. Financial responsibility for such accommodation is assumed by the Civic Welfare Department, where the girl has been rejected by her family and/or is otherwise without means. In other cases the Health Committee may be asked to pay for, or contribute towards, the cost of maintenance.

Ten of the Salford girls dealt with during the year were admitted to hostels, four of whom received financial aid towards maintenance from the Health Committee.

Adoption.

Only four babies were placed for adoption, one was the fourth child of a single woman, another a second child of a single woman who had successfully concealed the situation from her parents. The remaining two were children of married women, one separated from, and the other hoping for a reconciliation with, her husband.

Affiliation Orders.

Assistance in obtaining Court Orders was given in all appropriate cases. Ten mothers applied to, and were granted Affiliation Orders through, the Court.

The Mentally retarded Unmarried Mother.

Six of the girls dealt with during the year were mentally retarded ; two had first babies, three a second, and one a third baby.

Case history. Annie was a mentally retarded woman in her middle forties who had had an illegitimate child 20 years ago, following which, until her mother's death, she led a very sheltered life at home. Shortly after her mother died, Annie again became pregnant. She concealed her condition and was eventually admitted in emergency to hospital for confinement, after which she was referred to the health visitor. Relatives were approached and proved very helpful in preparing for Annie's home-coming, but, although a relative was willing to stay with her for a few days afterwards, none was prepared to undertake long-term responsibility for her or the baby. Annie was visited daily by the health visitor, but obviously was unable to cope with either home or baby. Arrangements were made in collaboration with the Mental Health Department for her and the infant to attend an Occupation Centre daily, but when the time came Annie refused to go, and all efforts to persuade her to change her mind were unsuccessful. Further appeals to relatives were made but were unavailing ; the baby was eventually taken into care of the local authority and Annie placed under supervision of the Mental Health Department.

At the end of the year, of the 76 new cases, 16 expectant unmarried mothers were carried over to 1958, and 58 babies were cared for as follows :—

35 were cared for in the mother's own family home.
5 ,, in residential nurseries.
5 ,, with mother and putative father (co-habiting).
4 ,, living with mother and father (now married).
4 ,, adopted.
3 ,, attending day nurseries.
1 was with the mother in a residential post.
1 ,, ,, a day-minder.

Special Health Visitor for Hospital Liaison.

Liaison between Hope Hospital and the Health Department continued with little variation during the year. Co-operation from various sections of the hospital was good, although the health visitor was mainly concerned with the pædiatric department.

The number of children admitted during the year was 1,288, of these, 693 were for removal of tonsils and adenoids (265 in 1956).

Admissions following home accidents again were fewer—four against nine in 1956, 12 in 1955, 19 in 1954. Reasons for admission were scalds (3), foreign body swallowed (1).

Of other general admissions, 40 were admitted more than once (67 in 1956 and 70 in 1955)—for medical rather than social reasons.

The number of children admitted with emotional disturbances or anxiety states giving rise to signs and symptoms of physical illness was eight (15 in 1955 and in 1954).

At the end of March the special health visitor began to visit the maternity wards to speak to the mothers about immunisation by triple antigen against diphtheria, whooping cough, and tetanus. This provided a basis for many lively discussions covering not only immunisation against the diseases in question but also the subject of smallpox and B.C.G. and poliomyelitis vaccination. Mothers who were ambulant took part in these discussions, irrespective of the area from which they came. Bedside talks, however, were limited to mothers living in Salford. Written consent to immunisation by triple antigen was obtained and 133 infants subsequently immunised as a result of the talks.

Interchange of information between hospital and public health staff continued as formerly, sometimes benefiting the family as well as the child. For example, in one case a child suffering from congenital dislocation of the hip and nursed at home was readmitted to assist a family situation when the mother had to be admitted to hospital. This not only relieved acute anxiety on the part of the mother but also averted an economic crisis and safeguarded the father's job—he would otherwise have had to give up his work.

In another instance a widowed mother of an epileptic educationally sub-normal child refused urgently needed hospital treatment for herself because of difficulty in arranging care for the child. Following consultation between the specialist health visitor, the pædiatrician and the ward staff, the child was admitted pending more suitable arrangements for his care. Meanwhile, the mother was admitted.

The district health visitor in another instance was concerned about an expectant mother, completely weary and unable to cope with her household duties, plus care of an epileptic child who was becoming an increasingly difficult child to handle. She discussed the case with the liaison health visitor, who was able to arrange with the pædiatrician for the child to be admitted to hospital in order to give the mother a much needed rest. Later, as alternative arrangements could not be made, the child was readmitted when the mother entered hospital for her confinement.

Close liaison was also kept between the hospital pædiatric out-patient department and the physiotherapy section of the health department. The physiotherapists were kept up-to-date as to medical details. They in turn, transmitted through the liaison health visitor information as to progress, co-operation, non-attendance, etc., so that when the child next attended the out-patient department a complete picture could be presented.

Liaison with the Chest Clinic.

A specially selected health visitor has continued to be the link between the health department and the chest clinic. This service operates on much the same lines as that for hospital liaison in so far as interchange of information is concerned. The special feature of the service lies in the medico-social work carried out by the health visitor working alongside the medical staff of the chest clinic, described fully in last year's report.

The response of contacts to advice regarding examination has been very good, particularly in the case of child contacts, of whom 218 received B.C.G. vaccination.

The Aged and Infirm.

A detailed account of the aims and organisation of this service was set out fully in last year's annual report. There has been little change in 1957.

New cases referred were slightly fewer—1,049 (1,156 in 1956). *Sources of referral* were as follows :—

Hospitals	103
Home Nurses, Blind Welfare, National Assistance Board and other statutory Bodies	622
Found by Specialist Health Visitor whilst visiting	91
Relatives and friends	71
Family Doctors	66
Civic Welfare	42
Health Visitors	24
Home Helps	16
Public Health Inspectors	8
Housing Department	3
Mental Health Department	3

Ward distribution. The greatest number of cases referred this year came from Claremont Ward, although of the total on the register the greatest number still comes from Albert Park.

Age group distribution.

Age group	New cases during 1957	Old cases remaining on register, December, 1957	Total on register, 1957
60—64	216 (20·5%)	415 (16·2%)	631 (17·5%)
65—69	161 (15·3%)	561 (21·5%)	722 (20%)
70—74	306 (29%)	698 (27·3%)	1,004 (27·8%)
75—79	224 (21·3%)	509 (19·9%)	733 (20·3%)
80—84	98 (9·3%)	286 (10·8%)	384 (10·6%)
85—90	39 (3·7%)	70 (2·7%)	109 (3%)
90+	5 (0·49%)	16 (0·62%)	21 (0·57%)
TOTALS	1,049 (99·59%)	2,555 (99·02%)	3,604 (97·79%)

Financial state. Over 70% of new cases were on supplementary pensions, 28·8% on retirement pension and 0·6% working.

State of activity. Only 33% of those referred to the department during the year were fully ambulant, 43% were semi-ambulant, 9·7% home-bound and 13·2% completely bed-ridden.

Problems. Problems range over a very wide field—physical illness and disability, mental deterioration, greater risk of home accidents, financial difficulties arising from reduction in income, social failure and deterioration in standards of living ; dirt, disorder, verminous infestation—bad housing, strained personal relationships. Medico-social problems of those living alone, of whom there were 1,129, were again most difficult of all to solve.

Relatives are often said to fail to assist in caring for their old folk. This is not always due to lack of a sense of responsibility. In many cases accommodation is offered, usually a home with a daughter or son, but when it comes to leaving their own homes, old people are often very obstinate and independent and are unwilling to accept help of this kind. Some are unwilling to accept the fact that they are no longer able adequately to care for their homes and themselves and refuse all local authority offers of domiciliary assistance. This problem, however, can usually be solved by patience and perseverance.

Home Bathing Service carried out by hygiene attendants, meets a very real need, although it is unable to cope with the number referred. New cases are seen and the initial bathing usually carried out without much delay, but subsequent bathings are not carried out as often as necessary. Once the elderly person has accepted the service, the visit of the attendant is usually looked forward to with pleasure, as evidenced by letters and telephone calls sent if her services are postponed. Nine hundred and thirty-six visits were paid by attendants for this purpose during the year (697 in 1956).

The Domiciliary Foot Hygiene Service also undertaken by hygiene attendants is another valuable and much appreciated contribution to the welfare of the elderly, for those who find difficulty in washing and caring for the feet. Nine hundred and thirty-six were visits paid (844 in 1956) in addition to those paid to persons needing the full bathing service. Monthly visits are paid by an attendant to old men at Salford House where the feet of some 15 residents are treated at each visit.

These two services, comparatively new in the public health field, have a long-term preventive value as well as providing short-term benefits which add greatly to the comfort and well-being of the old folk.

Laundry Service. Although available for all incontinent patients there is not a big demand for the service.

Old People's Clinics. The clinic for men is held weekly at Langworthy Centre where the number on the register is 101. Women attend the Crescent Clinic (105 on register).

Co-operation with hospitals. There was at times great difficulty in getting patients admitted to hospital, and general practitioners unable to arrange admission have referred cases in some instances to this department. Local authority services are not designed to meet the needs of patients requiring hospital care but pending admission every available assistance was given to those unable to procure a hospital bed.

Family difficulties. Where family problems are involved other members of the family are helped where appropriate, and indeed often, must be helped before the difficulties of the elderly person concerned can be met.

Case history.

Mrs. Z, who lived with her daughter who had an illegitimate girl of nine years. The daughter died from tuberculosis, leaving the girl, Mary, alone with her grandmother. The situation was satisfactory for a time until Mrs. Z became ill and doubly incontinent.

She was a bad-tempered old woman and Mary had an unhappy time. Although there were several aunts existing, none offered to take Mary or to care for Mrs. Z, who, until the case became known to this department, was left in the daily care of the 9-year-old child, with an aunt visiting once a week.

Grandma became unable to walk, and being unable to move, soiled and wet her bed—and Mary had to attend to this. If the child annoyed the old lady, she would throw at her anything within range, *e.g.*, the poker or cups and saucers.

When this department became aware of the situation, the Specialist Health Visitor, with a Hygiene Attendant, bathed and changed Mrs. Z and put the house in some kind of order ; a divan bed was put down in the living room and the old lady made comfortable. A home help was arranged and "meals-on-wheels" supplied one meal a week. Mary had school dinners. The family doctor was consulted and Mrs. Z persuaded to agree to go into hospital. The health visitor called on Mary's head teacher, who reported that complaints had been received about her behaviour with little boys.

The Children's Officer was approached and it was arranged for Mary to go into care, but not until the grandmother went into hospital, so that the separation would seem more natural. A neighbour agreed to attend the house daily. Mrs. Z was kept physically clean by the hygiene attendant until her admission to hospital. The health visitor also contacted a daughter, who took Mary to the Children Office when a hospital bed eventually became vacant and the old lady admitted.

Voluntary Organisations.

The W.V.S. are always extremely helpful when asked for assistance, and have provided beds and a large amount of clothing for necessitous cases. The "meals-on-wheels" service is much appreciated, but there is a great demand for an extension of this service to provide two meals instead of only one per week.

Individual philanthropy should not be forgotten, *e.g.*, Christmas dinners for three old people were provided by a member of St. James Church, and every Monday a man, who remains anonymous, is driven in a private car to Artizans' Dwellings and supplies soup to any elderly person who wishes to take advantage of the offer.

The health visiting section held their usual annual Bring and Buy Sale, the proceeds of which were divided between the " Family Welfare Fund " and the " Fund for the Elderly." The Langworthy Mothers' Club also organised a Bring and Buy Sale, and gave all the proceeds to the " Elderly " fund. The

money is used to provide items such as wireless licences and repairs, and fireguards ; to help with decorating, fares to visit relatives and to meet any need not always covered by statutory or voluntary organisations.

The specialist health visitor for the aged and infirm, and the nurses assisting her paid 5,828 visits, plus a further 799 where access to the house could not be gained. Four hundred and fifty-five persons died during the year, 132 left the district and 60 were admitted to local authority homes. At the end of the year, 116 were still in hospital, and a total of 3,604 remained on the register to be carried over for supervision in 1958.

The Health Visitor in the Mental Health Field.

The importance of the influence of early childhood experiences on the mental health of adults is now widely recognised, even to the extent that some child guidance clinics often complain that cases reach them too late for effective treatment.

More recently, therefore, attention has been increasingly focussed on " infant psychiatry " as a means of preventing breakdown in adult life. Feeding disturbances and other disorders in the young baby—which are without detectable clinical signs—are now known often to be associated with a disordered mother/child relationship.

The health visitor has more opportunities than any other worker for frequent and intimate contact with families during this critical infancy period. It is to her, therefore, that we turn to promote early detection and treatment. Not all health visitors, however, are properly equipped to deal with this situation.

Special in-service training was, therefore, arranged for one (in the first instance) of the health visitors in collaboration with Dr. Cashmore, Consultant Child Psychiatrist. The health visitor attended Dr. Cashmore's clinics and gained further knowledge by participation in case conferences at the Children's Hospital. This was supplemented by university lectures ; films and by reading. She acquired some knowledge of the technique of interviewing both parent and child ; and was given experience under guidance in treatment by play therapy and in testing children to discover personality traits, family relationships, intelligence and ability.

General health visitors referring children to the psychiatrist are able to see him to discuss the family background and the prevailing problem. The special health visitor, in addition to her work with the psychiatrist carries out home follow-up visits in areas where general health visitors are absent from duty, and keeps other health visitors informed as to progress, of children from their respective areas.

Other Developments.

It is intended that all general and special health visitors who have not already participated in group discussion led by Dr. Cashmore, shall do so. It is also envisaged that a small group of mothers who are experiencing behaviour difficulties with their children might benefit from this type of group therapy, whilst their children have play therapy in a group running concurrently.

The type of case referred for treatment varied considerably ; in the 0-1 age group the most common being feeding and sleeping difficulties. From 1 to 2 years, behaviour problems were added—head banging being the most outstanding. From 2 to 3 years, sleeping problems diminished somewhat,

but feeding difficulties increased slightly. Mothers seemed to find much difficulty in managing their children from 2 years onwards and complaints of behaviour disorders were paramount. These included temper-tantrums which often arose from badly managed sibling rivalry and lack of outlets in play.

Other difficulties included retardation of speech or stammering, a few cases of tics and phobias, the latter relating mostly to animals or adult males, and in one case the father. Dirt-eating can be quite a problem, particularly in the 2-year-old ; wandering and anxiety attacks were seen infrequently in children in this age group.

Enuresis and encopresis were also common problems and which often necessitated lengthy treatment. An early and too rigorous toilet training was in some cases a contributory cause. An interesting case was that of Richard, 8 years, who had wet his bed from infancy. He was admitted to hospital for treatment of rheumatism and was referred to the psychiatrist. Following one session with him, during which the child talked about many of his difficulties with a marked release of feeling—for his home background was a very disturbed one—there was an almost immediate and complete disappearance of enuretic symptoms.

Causes varied and included maternal depression, marital disharmony, rejection (unconscious usually) because of extra work and restriction on social life, etc. Many other factors needed consideration as each case had its own network of cause and effect (too involved for inclusion in this report).

In the majority of cases of children under 5 years old it was sufficient to treat the mother and the child improved—for children are so often the mirror on which the feelings of their parents are reflected.

The number of cases treated is given below. Children were seen at Regent Road, the Cleveland and Murray Street Clinics.

	0–5 years.	*Over 5 years.*
New cases	54	22
Old ,,	85	39
Totals	139	61
Grand Total	200	

A statistical summary of the work of the section is given below :—

Health Visitors and Clinic Nurses.

Type of Visit.	*Access.*	*No Access.*
First visits—Children 0–1 year	2,957	905
Subsequent visits ,, 0–1 ,,	12,180	2,290
Visits to children 1–2 years	6,961	980
,, ,, ,, 2–5 ,,	14,659	2,346
First visits—ante-natal cases	379	27
Subsequent ,, ,,	515	36
Tuberculous cases	1,947	517
First visits—aged persons	1,199	82
Subsequent visits—aged persons	4,629	717
Visits *re* B.C.G.	345	148
Mental Health	254	54
Diphtheria immunisation	7,698	3,079
Miscellaneous	4,391	578
Total	58,114	11,719
Grand Total	69,833	

DIPHTHERIA / WHOOPING COUGH / TETANUS—IMMUNISATION.

Number of injections given by nursing staff in homes and clinics to children in 0–5 age groups	7,791	(of a total of 8,710)
Safety injections given to school children	1,307	
Total injections by nursing staff	9,098	

CLINIC SESSIONS.

Full sessions attended	3,599
Part ,, ,, ...	92

HYGIENE ATTENDANTS.

(*a*) *Home Visits.*

For treatment of scabies	51	
Aged and infirm—Bathing	936	(697 in 1956—401 in 1955)
,, ,, ,, —Foot Hygiene	932	(844 in 1956—414 in 1955)
,, ,, ,, —Miscellaneous	451	
Bathing of baby	6	
Miscellaneous	89	
TOTAL	2,465	
Additional "no access" visits	110	
GRAND TOTAL	2,575	

(*b*) *Clinic Sessions.*

Infant Welfare	86
Mothers' Day Training Centre	78
Minor Ailments School Clinic	819
Mobile ,, ,, ,, ...	356
Medical Examination School Clinic	27
Chiropody Clinic	281
Scabies Clinic	56
Camp and Miscellaneous Clinic	50
Eye Clinic	494
TOTAL	2,247

(*c*) *Syringe Service.*

Number of sessions	1,284
,, ,, needles prepared	42,099
,, ,, syringes ,, ...	11,837

(*d*) *Miscellaneous.*

Sessions spent in miscellaneous work—cupboards, laundry, etc.	56

HOME NURSING SERVICE

In November the administrative headquarters of the Service were moved from the Royal District Nurses Home to the Health Department, Regent Road, where suitable accommodation was provided.

Two members of the staff continue to reside at the Royal District Nurses Home, four members took up residence at Grange House, in Mandley Park Avenue, the purchase of which was reported in 1956.

Other members of the staff reside in their own homes.

It is too soon yet to say what effect the change-over has had or will have.

Staff.

The situation over the year was slightly eased but is still below the establishment necessary to ensure an adequate service. I give below a comparison of the staff position at the beginning and end of the year. In addition to the Superintendent and her deputy, there were :—

January, 1957.

9 Queen's Nurses.
1 Male Queen's Nurse.
1 State Enrolled Assistant Nurse.
2 Auxiliaries (part-time).
1 Male Auxiliary.

December, 1957.

8 Queen's Nurses.
1 Male Queen's Nurse.
1 Queen's Nurse Student.
3 State Enrolled Assistant Nurses.
1 State Registered Nurse (part-time).
1 State Enrolled Assistant Nurse (part-time).
2 Auxiliaries (part-time).
1 Male Auxiliary.

Difficulty is still being experienced in recruiting staff. Only one Student Nurse entered for training and I am pleased to say was successful in the examination for the Queen's Roll.

In an endeavour to attract more recruits a personal letter was sent to the Matrons of the various hospitals in the neighbourhood pointing out the facilities which existed for training of students. The period of service which student nurses are required to do after becoming qualified Queen's Nurses was reduced from twelve months to nine months.

STATISTICS.

Total number of cases nursed during the year	2,629	(3,049)
,, ,, ,, new cases nursed during the year	2,259	(2,629)
,, ,, ,, visits paid	50,811	(53,103)

Figures in brackets are those for the year 1956.

Among the new cases nursed were 1,048 described as acute medical, 104 cases of carcinoma and 70 cases of diabetes.

The number of children under five who were nursed was 84. This figure is disappointing as it is felt that more use could be made of the Home Nursing Staff in the care of sick children and so prevent them having to go into hospital.

Of the 70 new cases of diabetes 50% were soon taught to give their own injections. The remainder are either too old to, or are unwilling to, and have no relative who would take on this duty, and as they have to be visited once or twice daily and have their injection before a meal, difficulties arise when numbers of staff are still further reduced by holidays, sickness or other off-duty times. On occasions injections have had to be missed. One old lady, well over 70 years, who has been on the books for thirty years, complains bitterly if this has to happen. It is well known that she indulges a craving for sweet things at every opportunity and never has kept strictly to her diet. The omission of one dose of insulin does not seem to do her any harm.

The greatest number of cases (over 80%) are referred by family doctors.

The provision of a night service has been given consideration during the year but, although family doctors have been notified that staff would be made available for this if needed, no calls have been made.

Fewer cases have been referred for injection of antibiotics.

Co-operation with other Branches of the Health Service.

Family doctors. Over 80% (1,805) of cases are referred by family doctors with whom a clinical friendly relationship is maintained.

Hospitals. Three hundred and eighty cases were referred from hospital in Salford and the surrounding districts, the greatest number being from Hope Hospital. As in former years, student nurses and their tutors from the hospitals have paid observation visits and have accompanied the nurses to the homes of patients.

Linen and Laundry Service. It is felt that there is great need for the provision of a Linen and Laundry Service, not only for incontinent patients but for other such people who may not have a supply of linen adequate for the frequent changes that are necessary to keep a patient comfortable. Such a service would benefit not only the patients but also would give great encouragement to the nurses who, at the present time, find it distressing to have to nurse patients without a change of linen.

Many families would be willing to keep patients at home if they had more nursing facilities in their own homes.

INCIDENCE OF BLINDNESS

A1. Registered Blind Persons.
A2. Registered Partially Sighted Persons.
B. Ophthalmia Neonatorum.

A1. Follow-up of Registered Blind Persons.

Total number of cases registered during 1957 — 31.

	Cause of Disability			
(i) Number of cases registered during the year in respect of which Section F (1) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	5	1	Nil	12
(*b*) Treatment—				
Medical	3	2	Nil	3
Surgical	5	...	Nil	...
Optical	...	...	Nil	...
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	4	2	...	3

A2. Follow-up of Registered Partially Sighted Persons.

Total number of cases registered during 1957 — 45.

	Cause of Disability			
(i) Number of cases registered during the year in respect of which Section F (1) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	4	...	Nil	8
(*b*) Treatment—				
Medical	2	3	Nil	10
Surgical	10	...	Nil	...
Optical	3	...	Nil	5
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	12	3	...	15

B. Ophthalmia Neonatorum.

(i) Total number of cases notified during the year 1957 ... ... Nil
(ii) Number of cases in which—
(*a*) Vision lost ... ... Nil
(*b*) Vision impaired ... ... Nil
(*c*) Treatment continuing at end of year ... ... Nil

ALMONER'S DEPARTMENT

Home Help Service

Home helps continue to be in great demand in Salford and, although the number employed has often reached 270 (part-time) during the year, there has always been a waiting list of applicants.

The principle of allowing as little help as is reasonable at the commencement of a case has been firmly applied, and at the end of the year less than 2% of the cases served were having more than eight hours per week and 47% were having four hours or less. Elderly people make the greatest demand on the service and it is found that a little help given regularly is usually quite adequate. When some old person " takes a turn for the worse " the help's official hours of duty are extended and she frequently puts in many unofficial hours. The helps do much comforting and visiting in their own time, rallying neighbours, sending for relatives and calling upon the help of other services.

The helps are taught to know that the assistance of every other branch of the health and welfare services can be secured for the asking. The organiser and her staff put much effort into fostering the warm relationship which exists. They are particularly grateful to Miss Grimshaw, the specialist health visitor for the aged, for her happy, friendly help upon which they can always rely. During 1957, groups of home helps were invited, in turn, to meet the Medical Officer of Health, the Chief Public Health Inspector, the Mental Health Workers and the Specialist Health Visitors. The helps heard from these officials how great a value was placed upon their work. They were urged to undertake willingly work in " problem " homes and households where the mental health of one of the parents was causing concern.

The number of maternity cases attended by home helps has fallen from 45 in 1956 to 38 in 1957. This is thought to be due to the fact that fewer women are now employed outside their own homes. It is, therefore, correspondingly easier to secure the services of a relative or neighbour. On the other hand, applications due to infirmity of age, arthritis and heart affections have steadily increased throughout the year.

The following figures show the extent of the work during 1957 :—

Home Helps employed at 31st December, 1957	266
Average hours of duty per week during 1957	4,918
Number of households assisted during 1957	1,331
,, ,, ,, being assisted at 31st December, 1957	796
New applications during 1957	594

The policy of distributing the service as widely as possible has been continued. In 1955, 59·23% of the households served were having eight or more hours service. By the end of 1956 this had been reduced to 46·94% and further reduced to 40·70% at the end of 1957. The following table shows how the helps were allocated :—

December 1957	1956		1957	1956
4	(7)	households had 2–2½ hours service per week	·50%	(·91%)
56	(55)	,, ,, 3–3½ ,, ,, ,, ,,	7·04%	(7·15%)
318	(238)	,, ,, 4 ,, ,, ,, ,,	39·95%	(30·95%)
9	(10)	,, ,, 4½–5½ ,, ,, ,, ,,	1·13%	(1·30%)
43	(59)	,, ,, 6 ,, ,, ,, ,,	5·40%	(7·67%)
40	(39)	,, ,, 6½–7½ ,, ,, ,, ,,	5·02%	(5·08%)
312	(339)	,, ,, 8 ,, ,, ,, ,,	39·20%	(44·08%)
4	(8)	,, ,, 9 ,, ,, ,, ,,	·50%	(1·04%)
3	(4)	,, ,, 10 ,, ,, ,, ,,	·38%	(·52%)
4	(10)	,, ,, 12 ,, ,, ,, ,,	·50%	(1·30%)
3		,, ,, 14, 15 and 16 hours service per week respectively ...	·38%	
796	(769)		100·00%	(100·00%)

The following analysis shows the type of case assisted :—

	1957	1956
Pre-Natal	10	(9)
Maternity	38	(45)
Post-Natal	11	(11)
Mothers with young children	39	(28)
Pulmonary Tuberculosis	15	(18)
Neurotic or Mental Conditions	11	(11)
Infirmity due to old age	335	(307)
Bronchitis and Asthma	105	(80)
Blind	64	(58)
Arthritis and Rheumatism	177	(146)
Heart Condition	204	(183)
Cerebral Hæmorrhage	55	(44)
Skin and Ulcers	25	(31)
Diabetes	28	(23)
Cancer	35	(35)
Fractures	26	(22)
Blood Pressure	55	(51)
Muscular Paralysis	4	(4)
Parkinsons Disease	11	(9)
Post-operative	36	(20)
Scalds and Burns	4	(1)
Anæmia	13	(12)
Pagets Disease	1	(2)
Disseminated Schlerosis	4	(6)
Crippled	17	(16)
Hodgkins Disease	1	(1)
Duodenel Ulcer	4	(—)
Nephritis	3	(—)

Visits.

Number of visits paid	2886

Reasons for Visits.

Application for help	627
Routine visits	1,637
Nursing equipment	29
Miscellaneous	227
No access	366

One hundred home helps terminated their employment during the year ; the reasons given were as follows :—

Ill-health	43
Removed out of area	5
Obtained other employment	13
Home circumstances	13
Pregnancy	10
Work found to be uncongenial	15
Retired	1

" Squalid " Cases.

On 61 occasions (at 15 houses) two home helps worked together. These were cases where conditions were too bad to ask a helper to work alone.

Sick Room Equipment

The following articles were issued on loan during 1955 (in addition to issues made from the Home Nursing Service) :—

Air rings	114
Bed pans	137
Bed rests	118
Pieces of rubber sheeting	88
Sputum mugs	12
Urinals	66
Hospital type beds, etc.	2
Cot bed and mattress	1
Bed Cage	1
Commode	1

Laundry Service

Seven cases were served during the year 1957.

Convalescence and Recuperative Treatment

Pre-school Children's Convalescence.

Arrangements were made for convalescence for twelve children under the age of five years :—

1 child	was at Hilbre Home, Prestatyn, for	4 weeks.
5 children	were at ,, ,, ,, ,,	6 ,,
2 ,,	,, ,, Hillary Home, Prestatyn, for	4 ,,
2 ,,	,, ,, ,, ,, ,, ,,	8 ,,
2 ,,	,, ,, Tanllwyfan Home, Colwyn Bay, for	3 ,,

Mothers with Young Children.

1 mother with	4	children to Brentwood Recuperative Centre for	4 weeks.
1 ,, ,,	3	,, ,, Church Army Home, Southport, for	1 week.
4 mothers ,,	3	,, ,, ,, ,, ,, ,, ,,	2 weeks.
3 ,, ,,	2	,, ,, ,, ,, ,, ,, ,,	2 ,,
1 mother ,,	4	,, ,, ,, ,, ,, ,, ,,	2 ,,
1 ,, ,,	1	child to Church Army Home, Weston-Super-Mare, for	2 ,,
1 ,, ,,	1	,, ,, Boarbank Hall, Grange-over-Sands, for	2 ,,
1 ,, ,,	2	children to Manchester Cathedral County Home, Mellor, for	1 week.
1 ,, ,,	3	,, ,, ,, ,, ,, ,, ,,	1 ,,
1 ,, ,,	4	,, ,, ,, ,, ,, ,, ,,	1 ,,
1 ,, ,,	6	,, ,, ,, ,, ,, ,, ,,	1 ,,

Adult Convalescence.

4 men 5 women	}	to West Hill Convalescent Home, Southport, for 2 weeks.
1 woman		to Church Army Home, Southport, for 2 ,,
1 man		to Greycourt, Hest Bank (mental health patient) for 1 week.

Tubercular After-care.

Three men remained at the East Lancashire Tuberculosis Colony, Great Barrow, Chester, throughout the year, the Council being responsible for the colonist fees.

School Children's Convalescence.

One hundred and twenty-seven school children were sent for convalescence during 1957 :—

94	were referred by	school medical officers.
21	,, ,,	,, hospital almoners.
7	,, ,,	,, general practitioners.
3	,, ,,	,, health visitors.
2	,, ,,	,, Family Service Unit.
60	children were away for	4 weeks or less.
12	,, ,, ,, ,,	5 ,,
40	,, ,, ,, ,,	6 ,,
2	,, ,, ,, ,,	7 ,,
10	,, ,, ,, ,,	8 ,,
1	child was away for	10 ,,
1	,, ,, ,, ,,	12 ,,
1	,, ,, ,, ,, over	12 ,,

The Homes used and the number of children sent to each is given below :—

West Kirby Convalescent Home	16
Taxal Edge (boys 9 to 15 years)	21
Ormerod Home, St. Annes-on-Sea	41
Margaret Beavan Home, Heswall	4
Tanllwyfan, Colwyn Bay	29
Hillary Home, Prestatyn	6
Hilbre Home, Gwespyr	6
Swancoe House, Macclesfield	2
White Heather Home, Colwyn Bay (spastic children)	2

As in previous years, most of the children's convalescence has been arranged by the Invalid Children's Aid Association. Through the good offices of the Association's Secretary, Miss J. Agnew, a special fund bore the full cost of convalescence for four of the children referred. The Salford Soroptomists again made a grant of £50 which was used to subsidise the cost of sending some of the mothers and children to the Church Army Homes. To Miss Agnew, the Soroptomists, the staffs of the Church Army Homes, and to many others, whose efforts helped in our work, we tender our grateful thanks.

Children Neglected in their Own Homes

CASE CONFERENCE.

The Almoner deputises for the Medical Officer of Health as Chairman of the Conferences which are (holidays excepted) held fortnightly. Close co-operation is maintained with the health visitor having special charge of neglectful families. A more detailed description of her work will be found in the " Health Visitor " section of this report.

The Conference met on 22 occasions ; 97 individual officers or representatives made a total of 306 attendances, an average of 13·9 per conference.

The representation of the various bodies was as follows :—

	Number of individual officers.	*Number of attendances made.*
N.S.P.C.C.	6	35
Probation Department	7	16
Local Education Authority	3	19
Family Service Unit	6	12
Housing Department	3	20
Children Department	4	17
Hospital Almoners	3	4
Civic Welfare	5	15
Public Health Inspector	1	1
School Medical Officer	1	1
Clergy	1	1
W.V.S.	1	16
Manchester and Salford Council of Social Service	3	17
Child Guidance Clinic	1	3
Mental Health Department	6	15
District Health Visitors	27	57
Specialist Health Visitors	2	19
Almoner	1	22
Designated Officer	1	1
Observers	15	15
TOTALS	97	306

MENTAL HEALTH SERVICE

During the year closer ties were made with the staff at Springfield Hospital mainly through the inauguration of a monthly case conference and freer contact with the medical staff at the out-patient clinics.

Dr. Blair, Consultant Psychiatrist and Medical Superintendent, Springfield Hospital, was appointed Honorary Consultant to the Mental Health Service. The extension of the out-patient clinic service at the Hospital and the willingness of Dr. Blair to visit patients in their homes was of great assistance to the Mental Health Visitors.

There were no real difficulties over admissions except towards the end of the year when, due to alterations at the Hospital, a waiting list gradually built up. There were twelve patients awaiting disposal at 31st December.

The Consultant Psychiatrists at the Salford Royal and Hope Hospitals increased their use of the service. This liaison was further strengthened by monthly clinical demonstrations and case discussions to which General Practitioners and Mental Health Staff were invited.

There were further staff changes during the year, Miss J. Adams left the service to join the Mental Health Service at West Ham, her post being filled by Miss J. Ingle. Miss Ingle's vacant post was filled by Mrs. M. Godsell.

In February, Mr. Nightingale having completed his twelve months' training was established in the post of Mental Health Visitor / Duly Authorised Officer.

Students.

Facilities were again made available to students from Manchester University to gain practical experience with the service. Four students attended during the year.

Mental Illness.

A total of 614 cases, including five brought forward from December, 1956, were dealt with during the year. Of these, 317 were new cases.

There were 287 admissions to Mental Hospital. The following tables show: (1) Method of admission or other disposal. (2) Source of referral.

Disposal	Male				Female				Total
	0–19	20–39	40–65	65+	0–19	20–39	40–65	65+	
*Admitted, Section 20 ...	...	23	21	10	1	24	34	27	140
* ,, ,, 21 ...	...	4	3	5	1	3	7	7	30
* ,, ,, 16 ...	...	4	2	1	...	5	9	2	23
,, voluntary ...	3	29	17	1	2	12	21	9	94
Absconder returned to hospital	...	2	3	...	...	...	...	...	5
Placed under supervision	1	19	8	6	1	27	35	8	105
No action taken	...	18	29	3	2	23	26	16	117
Psychiatric out-patient appointment	...	8	9	...	...	4	3	2	26
Referred to other agencies	...	5	10	5	1	5	11	12	49
Died before action taken	...	...	...	1	...	...	...	7	8
Admitted to General Hospital	...	...	1	...	...	1	1	1	4
Admitted to Hope Hospital psychiatric bed	...	...	...	...	1	...	...	...	1
Awaiting disposal at 31st December, 1957	...	1	...	1	...	1	5	4	12
Totals	4	113	103	33	9	105	152	95	614

* Section 20. Duly Authorised Officers' Order for three days.
,, 21. Justices Order for fourteen days.
,, 16. Certification Doctor and Justice of the Peace.

Five cases brought forward from 1956 are shown in the disposal chart. Of the cases admitted under Sections 20 and 21, 19 were subsequently certified after admission to hospital. There were also 28 direct voluntary admissions, i.e., these patients did not pass through the hands of the Mental Health Service.

Source of Referral during 1957.

General Practitioner	210
Relatives and others (non-official)	117
Psychiatric out-patient	60
Police	42
General Hospital	76
Health Visitor	18
National Assistance Board	9
N.S.P.C.C.	4
Geriatrician	7
Civic Welfare	21
Probation Service	3
Self	14
Mental Hospital	15
Children Department	2
Other agencies	11
Total	609

Preventive and After-Care Service.

One hundred and fifty-two persons were being visited at 31st December, 1957. Four thousand two hundred and four home and other visits were paid and 569 interviews were carried out at the office.

Epileptics.

Further attempts to organise a Social Club and advisory clinic for persons suffering from epilepsy were again made with the assistance of Miss Saunders, Almoner, Salford Royal Hospital. Efforts are still being continued to provide the service.

Psychotherapeutic Day Centre.

224, Eccles Old Road. Women only. Open Monday to Friday, 9 a.m. to 4-30 p.m.

In November it was found necessary to open this Centre for full daily sessions owing to increased numbers of patients waiting to attend. Further information is given in the review of the service later in the report.

Occupation Centres.

The former British Restaurant, Broad Street, was acquired and alterations carried out to accommodate 40 male defectives.

The Oldfield Centre occupying rented premises in Liverpool Street was transferred to Broad Street on 28th November, 1957. It is hoped that there will be sufficient boys and men of higher grade to form an industrial centre during 1958.

Broughton Centre, which had occupied rented church premises, was transferred to the former Wilmur Avenue Day Nursery on 22nd July, 1957. This allowed for better planning and separation of the grades. The move was appreciated by parents and pupils alike. The outside playground lends itself to healthy exercise. In general, both these moves represent a big improvement on the previous premises.

Holidays for Centre Pupils.

Through the kindly offices of the Salford Children Holiday Camp Committee it was again possible to arrange for the pupils at the Centres to have a holiday by the seaside. This has become an annual event. This year the camp was made available to the boys and men attending Oldfield Centre. The cost of transport and food was met from a special fund raised by voluntary effort through organised concerts.

The holiday was of great benefit to the pupils and I wish to express my thanks to the staff of the Centres and others who made it possible.

Supervision of Mental Defectives in the Community.

Two thousand three hundred and twenty-four home and other visits were paid and 330 interviews carried out in the office.

Temporary care to enable parents to take a holiday or in cases of illness was arranged for 13 defectives, nine through the Regional Hospital Board and four privately.

The good relationship which exists between the Local Health Authority and the Manchester and District School for Handicapped Children continued, and I am grateful to them for temporary care provided at short notice during family crises.

Therapeutic Social Club, 221, Langworthy Road, Salford, 6.

This Club is held every Tuesday evening from 7-30 p.m. to 10 p.m. Though attendance has declined during the year it has been well worth the effort in running this Club. The usual activities are games, table tennis and dancing. Once per month, Mrs. Jones, from Wilmslow, kindly gives her services as an instructress in ballroom dancing, and to whom I am most grateful. Mention is made of the Social Club in the review of services further on in the report.

Future Developments.

I present here a review of the past several year's work in the Department. From this we can see that trends in Salford are in line with the general direction of thought of the day—therapy begins to replace the custodial approach, and so there are more voluntary admissions, fewer certifications and much more home care. We can see that we are lacking in facilities for community care. Although we have made a beginning, we need hostels, more day centres for psychiatric patients, modern methods in the Occupation Centres, such as incentives and industrial training, and above all, more mental health workers with a much higher standard of training.

Changes in Mental Health practice are about to follow the report of the Royal Commission on the laws relating to Mental Illness and Mental Deficiency, 1954-57. It is time to review the previous development of the service, and in the light of this knowledge to plan new growth. What appears to be reliable in the records has been analysed to show the trends that have existed in the work of the service.

Review of Services for Mental Illness

Total Notifications and Admissions.

These figures reflect the annual number of cases referred to the Mental Health Service, whether or not they are new patients. The number of notifications has doubled since 1949, but as can be seen in Fig. 1, has increased little since 1955. This expansion reflects the availability of facilities, the knowledge of these facilities and how to use them amongst doctors, health and social workers, and a changing attitude towards mental disorders in the community.

The graph in Fig. 1 illustrates the great increase in the number of patients *not* admitted to hospital—less than a third in 1949, more than half in 1957. Why is this so ? There is a change in the type of case referred. Other workers in the field are ready to seek the aid of the Mental Health Service not only to facilitate an urgent hospital admission but also to seek social support. *Greater contact* with other agencies gives an indication of this. The main prop of this development is the extension of *home care* and of the time spent on individual cases at home.

Since 1955 this change has been slowed. From that time, some of the fluctuation shown in the graph reflects a varying rate of turnover in the hospitals serving Salford, due to changes in hospital policy on the emptying of beds.

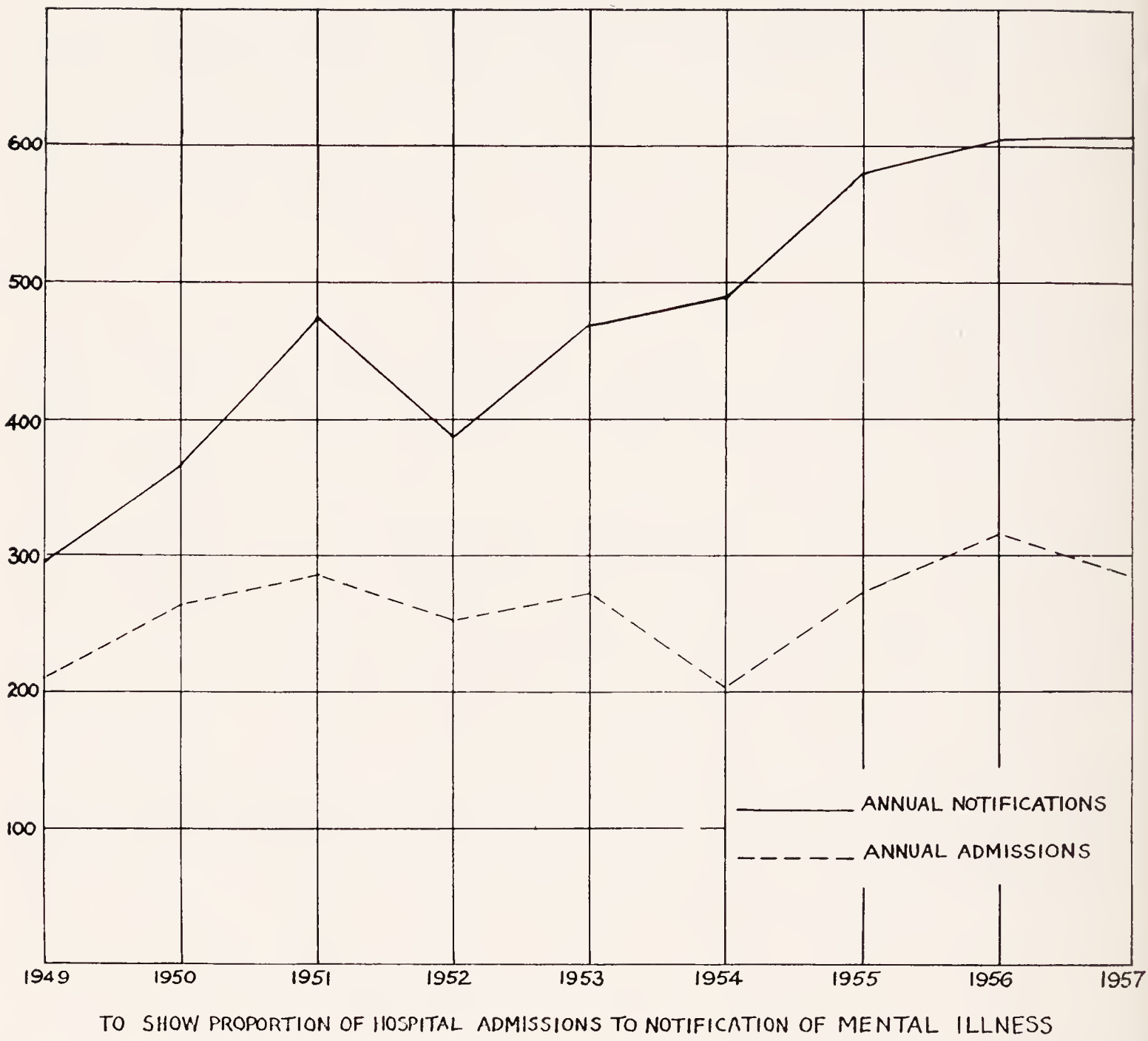

Fig. 1

Method of Admission to Hospital.

All admissions discussed here are arranged by mental health officers. In effect an Observation Order, Section 20 and 21, means that the mental health officer admits the patient to hospital on his own authority and without the formal consent of the patient. In hospital the great majority of such patients accept voluntary treatment. Certification requires a doctor's certificate, but the decision, which places the patient in custody, rests with a Justice of the Peace.. Voluntary admissions require the written consent of the patient. The graph in Fig. 2 illustrates the very significant changes in the instruments used by the service.

While the use of observation orders remains steady, there is a clear cut decline in certification and a clear cut rise in voluntary admissions. This is in keeping with the nurture of a therapeutic rather than a custodial approach to mental health both in the hospital and the local authority services. The new approach is only achieved by more and better casework—explanatory and laborious techniques replace rapid and peremptory methods.

The Case Load for Mental Illness.

Table 2—to show the case load for mental illness.

	1952	1953	1954	1955	1956	1957
Total notifications	387	470	473	582	605	608
,, number of visits*	...	...	...	3,651	3,609	4,773
Average number of visits* per officer ...	...	...	221	730	644	707
,, ,, ,, cases per officer	92	98	62	116	108	90
,, ,, ,, visits* per case	...	...	...	6·27	5·96	7·85

* "Visits" includes interviews.

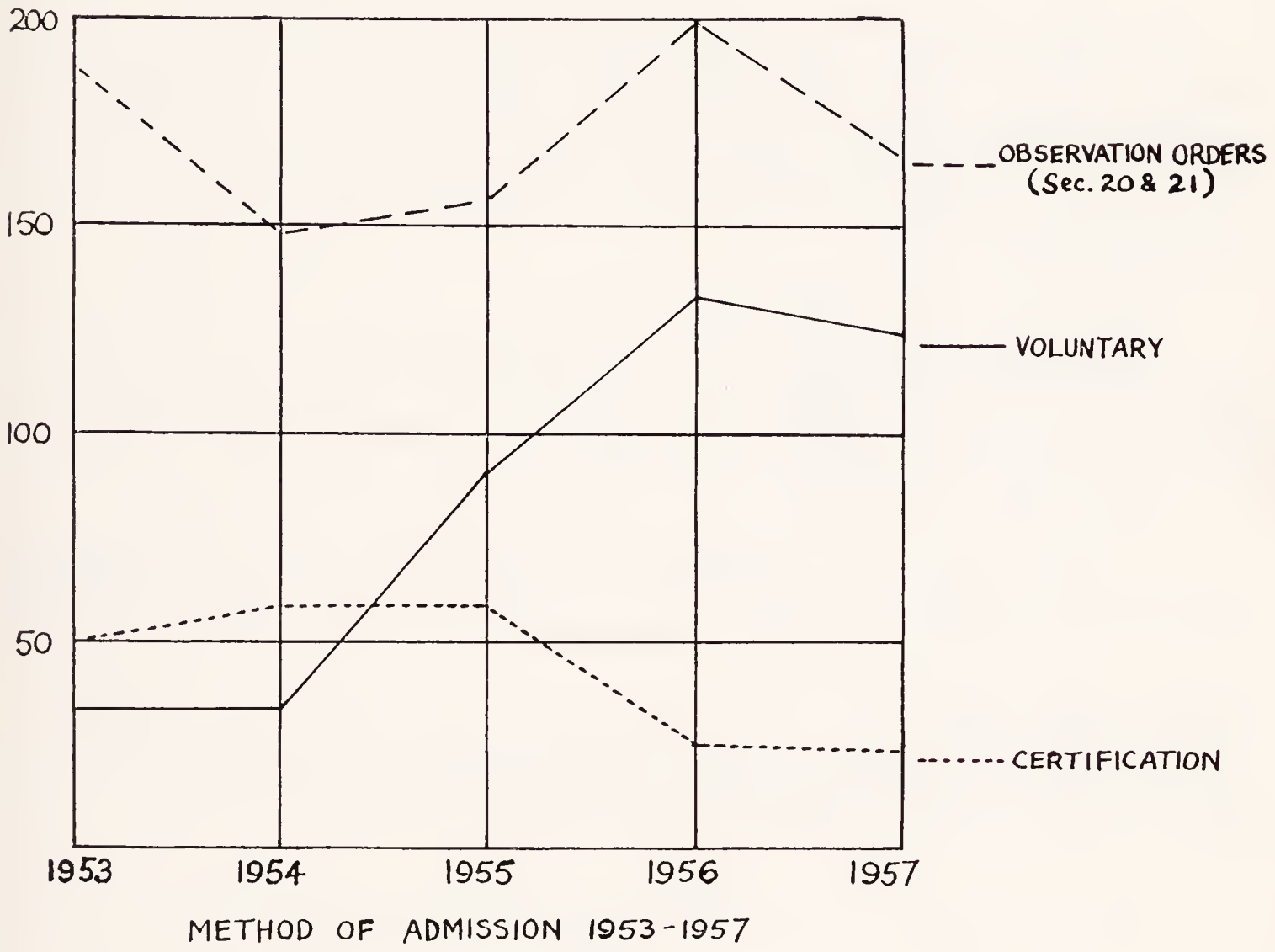

Fig 2.

The quantity of work on the mental health service is reflected in Table 2. No easily available statistics exist before 1955, but that total notifications have doubled since 1949 was shown in Fig. 1. Since then the increased volume of work is shown by the total number of visits and the average number of visits per officer. More visits per officer means less time per patient, and time is an essential requirement for good casework and social care. It is, therefore, satisfactory to note that in spite of an increased number of total visits, each officer carries fewer cases and, in particular, that more visits are made for each case notified. This is the natural outcome of more home care and more voluntary admissions (Figs. 1 and 2). This trend must be accelerated if we are to provide effective domiciliary casework for mental illness.

Contact with Other Agencies.

A comparison has been made between 1953 and 1957. There are now more than 20 sources of cases notified to the Mental Health Service compared with 16 in 1953.

Table 3—to show changing proportions of referrals (per cent. of total).

Source	1953	1957
General practitioners	45	35
Patient and relatives	8	16
Extra-mural psychiatrists	5	10

The percentage of self-referrals by the patients, or spontaneous approaches from relatives, has doubled. This will no doubt be partly due to the changing opinion in the community about mental illness, but a more direct cause lies in a changing relationship between families and mental health officers, who are, today, less statutory officials and more social workers.

Although the number of notifications from general practitioners remains constant (1953—223 ; 1957—216), the proportion of the total shows an obvious decline. We must assume that there has been no advance in the relationship between the general practitioner and the Mental Health Service, and that the majority of practitioners have not been made aware of the extended service and facilities in the service. Collaboration needs to be fostered by the service.

The psychiatrists conducting out-patients in Salford have doubled their use of the service. This link has been strengthened at psychiatric case conferences attended by mental health officers ; it could be extended through unified social work begun at the out-patient clinic and carried into the City by local authority workers—if our staff was sufficient.

In general, inter-departmental co-ordination has improved, judging by the greater number of agencies which now refer cases. The Co-ordinating Case Conference provides an excellent foundation for co-operation.

Additional Services.

In 1952 a *Therapeutic Social Club* was started. It meets weekly, with mental health officers in attendance. There has been an unexplained decline in average weekly attendance during 1957.

Table 4—Attendance at Psychotherapeutic Social Club.

	1952	1953	1954	1955	1956	1957
Average weekly attendance	10	11	10	17	18	14

Some new stimulus, and more independence for the club members, seems to be needed.

In 1956 a *Psychotherapeutic Day Centre* was opened at Cleveland House.

Table 5—Attendance at Psychotherapeutic Day Centre.

	1956	1957
Number of sessions	247	338
,, ,, attendances	1,482	2,517
Average daily attendances	6	$7\frac{3}{7}$
Number of new cases	...	15
,, on register	...	33

The day centre now operates full-time, with our honorary consultant psychiatrist in attendance once a week.

There is in prospect also a much-needed day centre for men. This should provide occupation, possibly productive, for chronic psychotic patients who are not fit for employment in the open market.

Review of Service for Mental Deficiency.

Occupation Centres.

The striking development here has been in the provision of occupation centres for the training of defectives living at home. Fig. 3 shows this. This work has been of very great value and has helped to reduce the waiting 1st for institutions to a mere 13. But there is more to be done, as a comparision with other progressive centres will show.

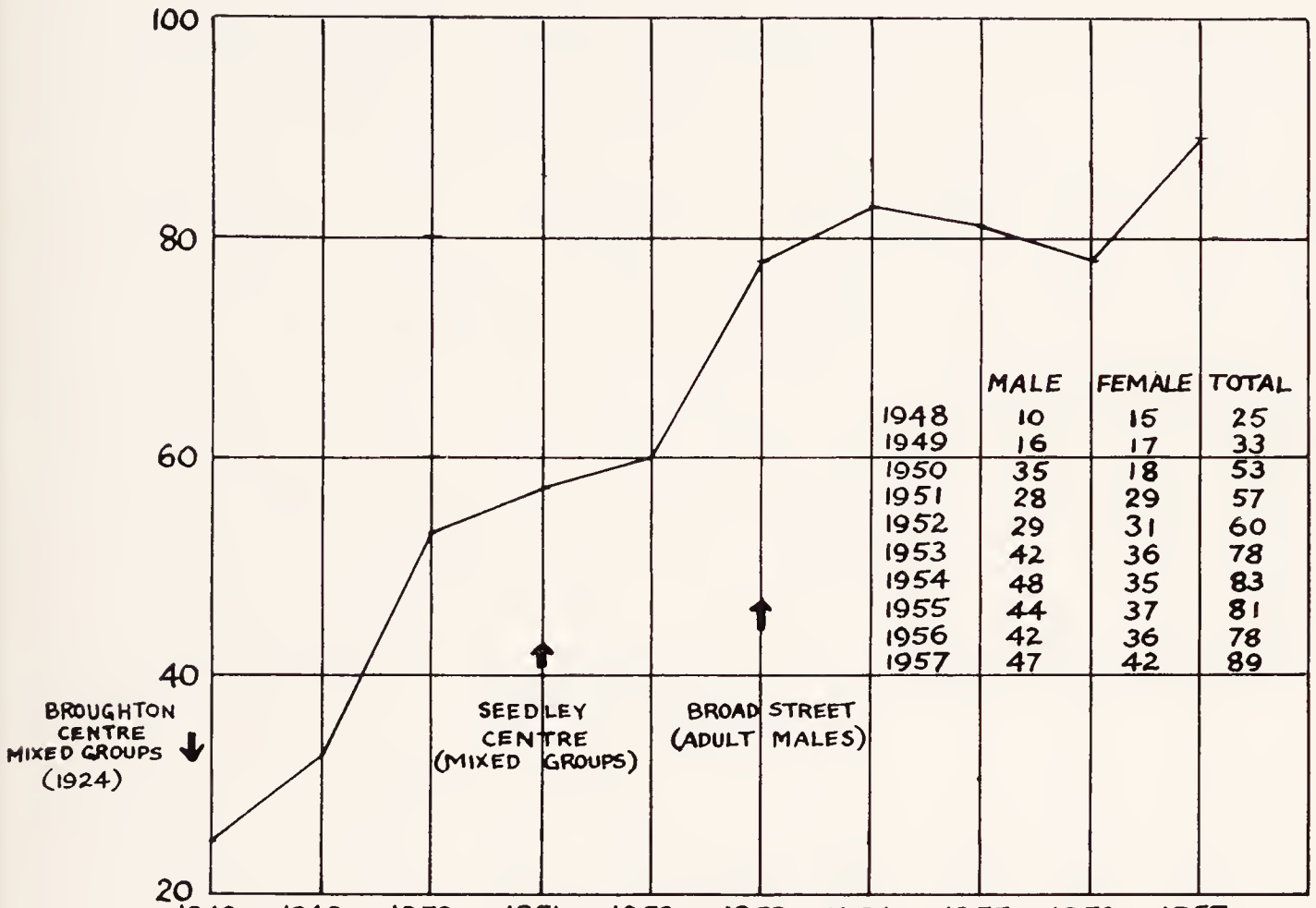

Fig. 3.

Distribution and Management since 1953.

The number of mentally deficient patients on the register can only be examined and compared from 1953. Before this time a large number of cases were only nominally on the register.

	1953	1954	1955	1956	1957
Total on register	642	623	598	610	642

Fig. 4 shows that *since* 1953 the position has been comparatively static. There is hardly a change in the percentage attending occupation centres, or in the percentage under " voluntary supervision " ; the percentage in institutions shows a small fall, and the percentage of those under " statutory supervision " a small rise. (Statutory supervision means that the patient is supervised in the community, but at the same time he is subject to the provisions of the Mental Deficiency Act—including its so-called protection, its restriction, and above all its stigma. The increase appears to be accounted for by a rise in the number of educationally subnormal children notified to the service at school leaving age and placed under statutory supervision). There has been little shift here to anticipate the recommendations of the Royal Commission. The service should aim at gaining the understanding consent of the families concerned, and so deepen the quality of its therapeutic social work.

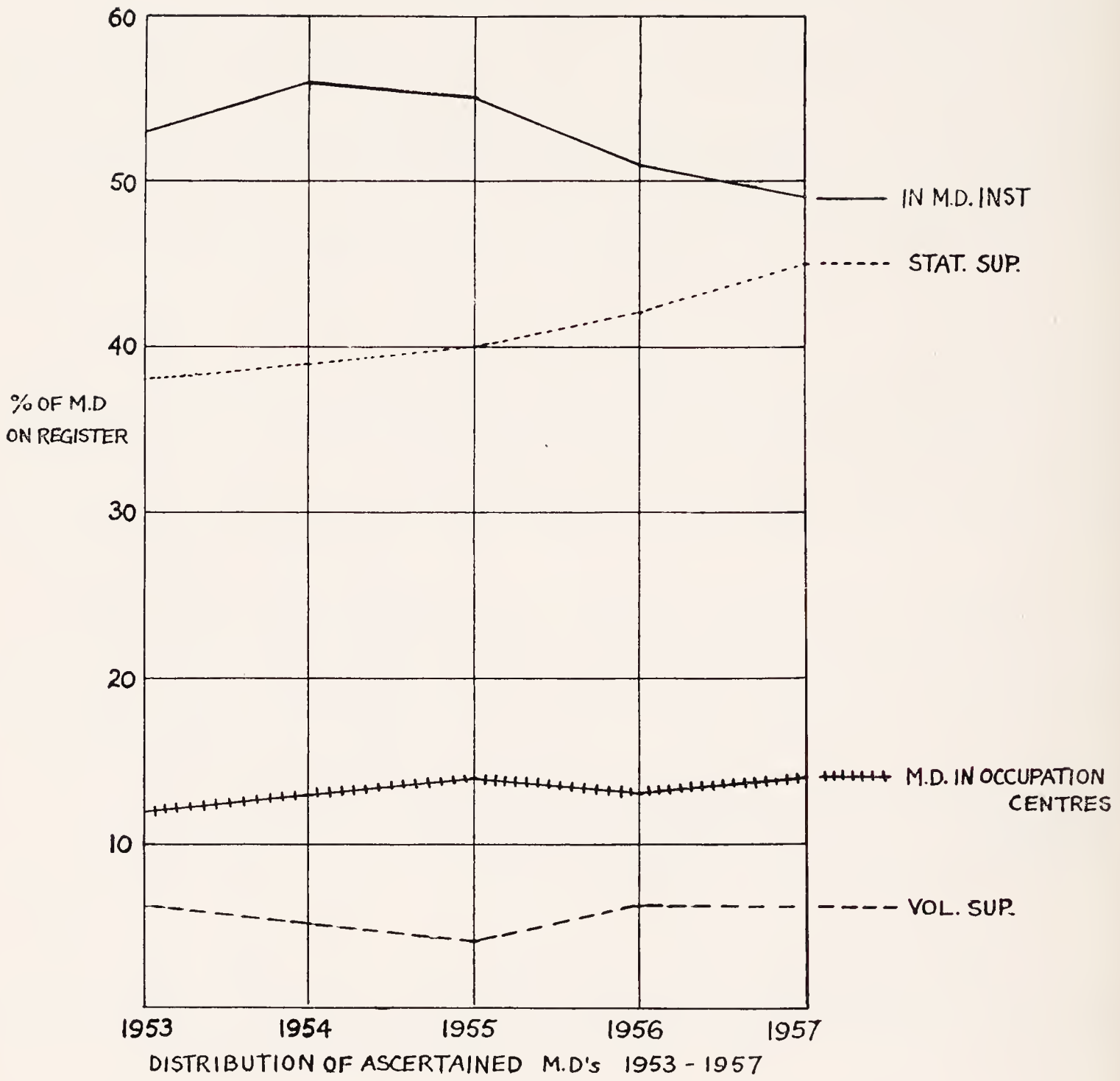

Fig. 4

Table 6—To compare some aspects of Mental Deficiency in three County Boroughs.

	Salford	Stoke	Leeds
Total population	165,300	271,800	510,100
,, at school	28,817	48,857	75,500
Number on register per 100,000 population	388	257	368
,, ascertained M.D. per 10,000 school children (Section 57/3)	4	...	8
Number classified E.S.N. per 10,000 school children ...	8	9	6
at Special Schools per 10,000 school children	7	3·3	5·4
Per cent. defectives at Occupation Centres	13·86	12·27	16·88
,, ,, ,, ,, Industrial Centres	...	11·7	3·5
,, ,, ,, in Institutions	48·75	48·93	49·89
,, ,, ,, at home	14·02	10·70	1·01
,, ,, ,, ,, work	21·9	14·84	28·75

A comparison has been made of certain aspects of mental deficiency work between Salford, Stoke and Leeds for 1957. The latter centres were chosen because of certain progressive features in their work and their readiness to co-operate, and we must thank them for their labour in collecting the necessary statistics. A necessary caution is that these figures reflect the facts for one year only and may therefore be fallacious in some respects.

Leeds and Salford classified a greater proportion of their population mentally deficient in 1957 than did Stoke. This is largely a matter of local practice and administration rather than of differences in true incidence. The proportion of school children and others newly ascertained mentally deficient is in fact twice as high in Leeds as in Salford. In spite of this all have the same proportion of defectives in institutions. The main variations occur outside in the community. Provided the populations are reasonably similar, *e.g.*, in respect of industry, urbanisation, occupation and age, then if more people are classified mentally deficient, we can be fairly certain that the increase will be due to the inclusion of a larger proportion of so-called high-grade defectives, who elsewhere might be classified as educationally subnormal, or merely dull at school. And we would expect, therefore, that more of these defectives would be able to maintain themselves at work. This expectation is borne out by Table 6. One confirmation may be seen in the rates of ascertainment of educationally subnormal children—this is higher where the proportion of mental defectives ascertained is lower. The total on the register does not vary with these rates of ascertainment because this total shows the cumulation of all those ascertained over many years, and the practice of ascertainment will have varied in each community.

There are important differences not accounted for by local variation in ascertainment. Leeds has more than 20%, Stoke nearly 24% and Salford only about 14% of defectives at Occupation and Industrial Centres. There are two main sources for this difference. Firstly, Leeds has only 1% and Stoke 11% of defectives unoccupied at home, compared with 14% in Salford. The difference contributes to the differences at the centres, the fewer at home, the more will be in centres. Secondly, both Stoke and Leeds have considerable numbers of defectives in productive occupations at industrial centres (12% and 3½% respectively). This activity may engage some defectives who would otherwise be at work ; it will certainly engage some who would otherwise be at home.

The most remarkable figure is the mere 1% at home in Leeds. This is due mainly to the exceptional system of transport provided to and from the centres. Stoke also has a considerable transport system. The industrial centres also are an important inducement to those high-grade defectives who cannot compete on the open labour market but who do not find occupation centre activity sufficiently rewarding or productive.

These are conclusions the service should note for the future.

The Case Load for Mental Deficiency.

Table 7.

	1953	1954	1955	1956	1957
Number of cases on register	642	623	598	610	642
Total number of visits*	...	...	2,119	2,055	2,654
Average number of visits* per officer	...	...	424	367	393
,, ,, ,, cases per officer	128	102	120	109	98
,, ,, ,, visits* per case	...	...	2·97	2·86	3·51

* Visits includes interviews.

This table shows the same trends as does that for the case load in mental illness. There are more visits per case and slightly fewer cases per officer ; although the number of visits per officer is here also rising. The same considerations of quality of casework and general approach apply here.

We may conclude from this review that the volume of work in the mental health services is steadily expanding. The quality of the work is changing, as shown by the increase in home care, by the rates for voluntary admission, and by the greater number of visits made for each case. A further reflection of this can be seen in the wider contacts made with other agencies including out-patient psychiatric services and the greater number of spontaneous referrals to the service by patients and relatives. The range of activities, for example, day centres and occupation centres, is extending as rapidly as is compatible with the strain on the staff.

On the other hand more needs to be done to bring the service to the general practitioner. But our main weakness is seen to be in the service for mental deficiency. Here we need to do much in developing the transport system, industrial centres and hostels, in providing less custodial and more therapeutic social work, and in anticipating the demands that enlightened legislation will soon make on the service.

The change in the quality of the work in Salford, and in the general approach to mental health, means that there has to be a change in the kind of training for mental health officers and in-service training for established officers. In the absence of any nationally approved training the service will have to develop its own methods and exploit local opportunities. It is necessary, for this purpose, to recruit staff who can assist in this development.

IMMUNISATION SECTION

2536 children aged 0-15 years completed immunisation in Salford during 1957.

Appended are statistics showing the results of the year's work.

	0–5 *years.*	5–15 *years.*	0–15 *years.*
Number immunised during year ended 31st December, 1957	2,513	23	2,536
Number immunised during year ended 31st December, 1956	2,190	37	2,227
Total immunised at 31st December, 1957 ...	9,019	24,829	33,848
,, ,, ,, ,, ,, 1956 ...	8,797	25,673	34,470
Population figure, 1957	13,400	25,700	39,100
Per cent. immunised at 31st December, 1957.	67·52%	96·61%	86·56%
,, ,, ,, ,, ,, 1956.	65·16%	99·50%	87·77%

The children were immunised as follows :—

At child welfare centres	1,436
By public health nursing staff in the homes of the children	782
,, nursing staff at schools	22
,, general practitioners	252
At day nurseries	11
,, Hope Hospital	33
TOTAL	2,536

Of the 2,536 children completing immunisation 2,437 received diphtheria pertussis and tetanus (triple antigen) injections, 31 received combined diphtheria and pertussis injections, 68 were immunised against diphtheria only.

It was decided during 1957 that as the children attain the age of two months, mothers should be asked to bring them for a first injection of triple antigen. Three injections of 1 ml. at a month's interval are given to complete the immunisation.

The special sessions for the immunisation of month-old children against diphtheria, pertussis and tetanus continued throughout the year.

There was only one reaction reported after triple antigen immunisation during 1957.

1311 booster doses against diphtheria were given to school children during 1957. Nine hundred and sixty-nine children were given a booster dose of triple antigen twelve months after the completion of primary immunisation, a further booster dose of triple antigen will be given to these children as they commence school.

Whooping Cough Immunisation.

A total of 2,481 children received immunisation against whooping cough during 1957. This number includes children who have received triple antigen and double antigen injections.

Mantoux Tests of Children under 5 years of age.

Below are set out statistics relating to Mantoux testing of one-year-old children during 1957. All these children were given 0·1 ml. 1/1,000 of old tuberculin.

Number of children who had a negative reaction	586
,, ,, ,, ,, ,, ,, positive ,, ...	7
,, ,, ,, ,, ,, ,, mantoux test but did not attend for reading	11
,, ,, ,, ,, ,, ,, ,, ,, ,, the reading of the test was queried	2
TOTAL	606

B.C.G. Vaccination of School Children.

Statistics relating to vaccination against tuberculosis, and post-vaccination mantoux tests of school children in the age groups 13 to 14 years, are given below.

SUMMARY OF CHILDREN WHO HAVE RECEIVED MANTOUX TESTS AND B.C.G. VACCINATION DURING 1957.

				First Mantoux Test					Second Mantoux Test							
	No. inv.	Con-sents	Refu-sals	Posi-tive	Nega-tive	D.N.A.	D.N.A. for reading	Total	Posi-tive	Nega-tive	D.N.A.	D.N.A. for reading	Total	B.C.G.	D.N.A.	Total
OYS	1192	631	591	56	337	36	24	453	68	416	20	11	515	499	7	416
IRLS	1186	715	441	69	360	46	17	492	74	465	37	7	583	460	5	465
OTAL	2378	1346	1032	125	697	82	41	945	142	881	57	18	1098	859	12	881

Children who have had B.C.G. vaccination during 1956 and have received a post-vaccination mantoux test during 1957.

Number of children who had a negative reaction	26
,, ,, ,, ,, ,, ,, positive ,, ...	421
,, ,, ,, ,, ,, ,, mantoux test but the reading was queried ...	Nil
,, ,, ,, ,, were absent from school during the tests	54

Children who have had B.C.G. vaccination during 1957 and have received a post-vaccination mantoux test during the same year.

Number of children who had a negative reaction	4
,, ,, ,, ,, ,, ,, positive ,, ...	802
,, ,, ,, ,, ,, ,, mantoux test but the reading was queried ...	1
,, ,, ,, ,, were absent from school during the tests	62

Poliomyelitis Vaccination.

Up to 1957 children in the age groups 1947 to 1954 had been offered poliomyelitis vaccination.

During 1957, however, further groups were announced by the Ministry. An opportunity was given to children born in 1955 and 1956 to receive poliomyelitis vaccination ; at this time it was also decided to continue the scheme throughout the year. An extension of the vaccination programme was made possible towards the end of the year by the importation of American-type Salk Vaccine, supplies of which will be available by January, 1958. Children born in 1943-1946 inclusive, children born in 1957, who have reached the age of six months, expectant mothers, general practitioners and their families, ambulance staff and their families, and staff of certain hospitals and their families are all now eligible for vaccination.

An opportunity of refusing the Salk vaccine was given to these latter groups but it was pointed out that a refusal would most likely mean a delay in vaccination as supplies of British vaccine at the present time were uncertain.

Assurances were given by the Ministry that all the imported Salk vaccine will have to pass the same stringent safety tests which are applied to the British vaccine.

By the end of the year applicants awaiting vaccination in the age groups 1943-1946 were 5,043, the age groups 1947-1957 were 1,412, expectant mothers 31, general practitioners and their families 18, ambulance staff and their families 3.

The number who had received a completed course of two injections during the year in the age group 1947-1956 was 6,398, a further 725 children in the same group had received one injection only.

Influenza Vaccination.

During the latter part of 1957 a vaccine designed to give protection against Asian-type influenza was offered to hospital staff, general practitioners, and to local health authority staff who care for the sick in their own homes, for example, nurses, midwives, home helps, ambulance staff and any other staff who may be called upon to visit the sick at home.

100 people in the above groups completed a full course of two injections during 1957.

VACCINATION AGAINST SMALLPOX

The figures relating to vaccination in Salford during 1957 are as follows :—

Age at date of vaccination in year.	*Under 1 year.*	*1 year.*	*2–4 years.*	*5–15 years.*	*15 years and over.*	*Total.*
Primary vaccinations	1,113	39	25	29	49	1,255
Re-vaccination	—	2	14	33	234	283

Although the total number vaccinated was approximately the same as in 1956, the primary vaccinations under one year represent 36·78% of the live births in Salford during 1957 as compared with 40·34% in 1956 and 32·22% in 1955.

AMBULANCE SERVICE

During 1957 the Ambulance Service continued to operate effectively. The control of the service was transferred completely to the Health Committee in October of that year and, therefore, both financially and operationally, was directed by the Medical Officer of Health from that date.

The mobile radio service, which has been in operation in Salford for six years, continued to prove itself to be not only extremely useful but one may say that it has become essential in the swift and efficient control of the ambulance service by modern standards. It is hoped that it will now be possible to extend the service to all ambulance vehicles controlled by the Health Committee and to make available a stand-by service for use in emergencies and having regard to the need for alterations in the wave-lengths which will take place in 1962.

The appended particulars apply to the Ambulance Service for the year 1957.

(1) Number of vehicles in use at 31st December, 1957 :—

Ambulances	8
Sitting Case Ambulances	3
Sitting Case Cars	3

(2) Total number of patients carried during the year by :—

Ambulance	60,150
Sitting Case Car	6,149

(3) Total mileage during the year :—

Ambulances	178,647
Sitting Case Cars	38,332

(4) Number of whole-time staff at 31st December, 1957 :—

Assistant Ambulance Officers	2
Driver Attendants	39

The following is an analysis of patients carried in 1957 as compared with 1956 :—

	1956	1957
Spastic	4,184	3,493
Midwifery	2,007	3,794
House Conveyance	46,870	46,022
Inter-Hospital	2,216	2,040
Maternity	1,715	1,596
Gas and Air	725	712
Mental	2,007	3,483
Infectious	344	286
Emergency	2,958	3,054
Handicapped Persons	3,969	1,791
Rechargeable to other areas	43	28
TOTALS	67,038	66,299

The following statement is an analysis of miles run in respect of various types of patients :—

	1956	1957
Spastic	6,658	6,711
Midwifery	13,634	16,142
House Conveyance	140,921	139,688
Inter-Hospital	12,239	10,476
Maternity	10,908	10,310
Gas and Air	3,612	2,952
Mental	9,211	10,291
Infectious	3,626	2,548
Emergency	13,201	13,341
Handicapped Persons	3,884	1,698
Rechargeable to other areas	514	352
Miscellaneous	2,887	2,470
TOTALS	221,295	216,979

HEALTH EDUCATION

The dissemination of knowledge of health subjects is, and has long been, a particular part of Health Department activity.

Health visitors and midwives attended the various clinics to give talks, often aided by film strips and flannelgraphs, to mothers in the child welfare and the ante-natal and other clinics.

Films were frequently used for students of the health inspector and nursery nurse groups, women's guilds and others.

Several visits were made by doctors and other health personnel from overseas, and student nurses from our local hospitals learned much of the workings of the City's health services.

During November, as a prelude to the Clean Air Act and in furtherance of Salford's ceaseless campaign against air pollution, a four-day exhibition was arranged by the health inspectors' section. It was presented in a local Drill Hall and supported by the many organisations and industries interested in the production of smokeless fuels, the appliances in which to burn them, and the education of the public in their uses.

Chest X-rays and Diabetic Surveys

Chest X-rays.

During the months of September and October the annual Chest X-ray Survey was conducted and over 10,000 persons were X-rayed by No. 2 Mass Radiography Unit (Dr. R. Walshaw, Medical Director), Manchester Regional Hospital Board.

Scores of factories in the central area of the City were approached for the purpose of offering to the workers an opportunity for a free and rapid chest X-ray. Fifteen thousand houses and shops, particularly in two areas not touched in the 1956 survey, were circularized with invitations to attend, and special attention was again concentrated on the food-handlers, barmen, hairdressers, and so on.

Many general practitioners contributed an important part by referring the chronic bronchitics and other patients on their registers for X-ray.

Diabetic Survey.

Once again the opportunity was accepted to invite all persons attending for X-ray to have a urine examination in a search for possibly unsuspected diabetes. Over two thousand four hundred people agreed, and, of these, 81 showed either glycosuria or albuminuria to some degree.

Further investigations revealed six persons as previously unknown diabetics and seven others suffering from other urinary defects.

DIABETIC SURVEY (SALFORD) 1957

Salford's Chest X-ray Survey (1957) again provided an opportunity to investigate the incidence of diabetes.

A good method of seeking volunteers is to distribute X-ray and diabetic survey circulars simultaneously and, for this purpose, a local firm was employed using the door-to-door personal distribution system to more than 15,000 premises. In addition, 4,000 were issued to municipal employees, general practitioners' patients and to some specially selected groups and industries. A further 1,000 were placed in public libraries.

More than 10,000 people were X-rayed and nearly 25% submitted urine specimens.

" Clinistix " and " Clinitest Tablets " were used to indicate the presence of sugar, and "Albustix " were used to detect albumin*.

The value of combining a diabetic survey with other investigations cannot be ignored when one has such speedy and convenient aids to detection. The time-saving factor alone commends them to a much greater use.

They are easy to use and, in a rapid survey, if no trained person could be spared a semi-skilled attendant might be employed for the initial test.

People attending had been requested to provide a urine specimen in a clean bottle, but in the case of those who failed in this—and a high percentage of them did forget—they were asked to pass urine and to hold the re-agent strips in the stream. The males generally raised no objection, but the females were almost unanimously averse to this method.

Statistics of the Survey.	*Males.*	*Females.*	*Total.*
Number of persons submitting specimens... ...	1,524	901	2,425
Results of Rapid Tests.			
Positive to sugar	48	13	61
,, ,, albumin	8	12	20
Totals	56	25	81

Eighty-one specimens required further investigation and these were submitted to Dr. G. J. Crawford, the Pathologist at Hope Hospital, for complete laboratory tests.

It is worthwhile to remark here that the laboratory reports and the rapid tests with " Clinistix " and "Albustix " ran a close parallel. The re-agent strips are, in fact, so sensitive that they reveal the smallest amount of sugar and albumen, with the result that, of the 81 specimens forwarded to the laboratory for further tests, 7 ? sugars and 5 ? albumins were negative to laboratory tests, and 18 ? sugars showed only slight or no reduction of Benedict's solution, being negative to other tests.

Of those who were investigated at clinics, four males and two females were disclosed as being diabetic in some degree and previously unknown. Two men are continuing under observation.

One woman did not reveal to us, at the initial test, that she has been diabetic for some years, and one man was reported as diabetic by his own doctor.

Of the remainder, one man and three women were noted as being non-diabetic but overweight and subject to hypertension ; one woman was a chronic nephritic and another woman had nephritis following pregnancy.

A man whose albuminuria had cleared up when further investigated was then affected with cystitis.

A woman whose urine specimen showed ·75% glucose, and a man with ·25% glucose, declined to undergo further investigation.

Acknowledgments.

I gratefully acknowledge the material and technical assistance rendered by Ames Company (London) Ltd. ; the help given by Mr. G. A. Kelly, who was responsible for the immediate supervision of the whole of the survey ; the excellent co-operation of the general practitioners in the " follow-up " ; the team work and technical help given by the Pathology Department, Hope Hospital (Consultant Pathologist, G. J. Crawford, M.D., M.R.C.P.) and of his staff, particularly Frank Warburton, B.Sc., A.M.C.T.

I am grateful also to the nursing members of Pendleton Division (E.L. 54) East Lancashire Branch, British Red Cross Society, who devoted many hours of voluntary service as receptionist / advisers.

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* " Clinistix," " Clinitest " and "Albustix." Products of Ames Company (London) Ltd.

BRONCHITIS

REVIEW OF THE INCIDENCE AND MORTALITY IN THE CITY OF SALFORD

BY

H. F. HUGHES, M.A., F.S.S.

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The Frontispiece

The graph overleaf gives at easy sight the position of Salford in bronchitis mortality compared with England and Wales.(1)

Note the remarkable sequence of rises and falls in alternate years in unison for both Salford (with the partial exception of 1947) and England and Wales. The reason for this peculiar behaviour of the occurrence of the disease is obscure ; it is doubtful if the peculiarity has been detected and studied.

Further mortality statistics are given and discussed on pages 112 and 113.

Introduction

Bronchitis is a serious cause of illness and consequent absence from work throughout the country, and particularly so in the industrial towns such as Salford, in which it accounted in 1955 for 10·8% of the total deaths from all causes (as against 5·5% in the rest of the country).

The disease may be simply described as an inflammation of the bronchial tubes. It may be caused by bacterial invasion or may spread from catarrhal infection of the upper respiratory tract ; it may be due to the inhalation of irritating smoke fumes or dust, and it may follow as a complication of another disease, especially influenza. But no definite link between chronic bronchitis and air pollution has yet been established.(2)

Another serious feature of bronchitis is that it accounts for some 10% of the total absence, on medical certification, from work.

The first flush of enthusiasm for treatment by the wonder drugs, which seemed at one time to be so effective, has faded somewhat ; nor does there seem to be a big place for thoracic surgery in bronchitis.(3)

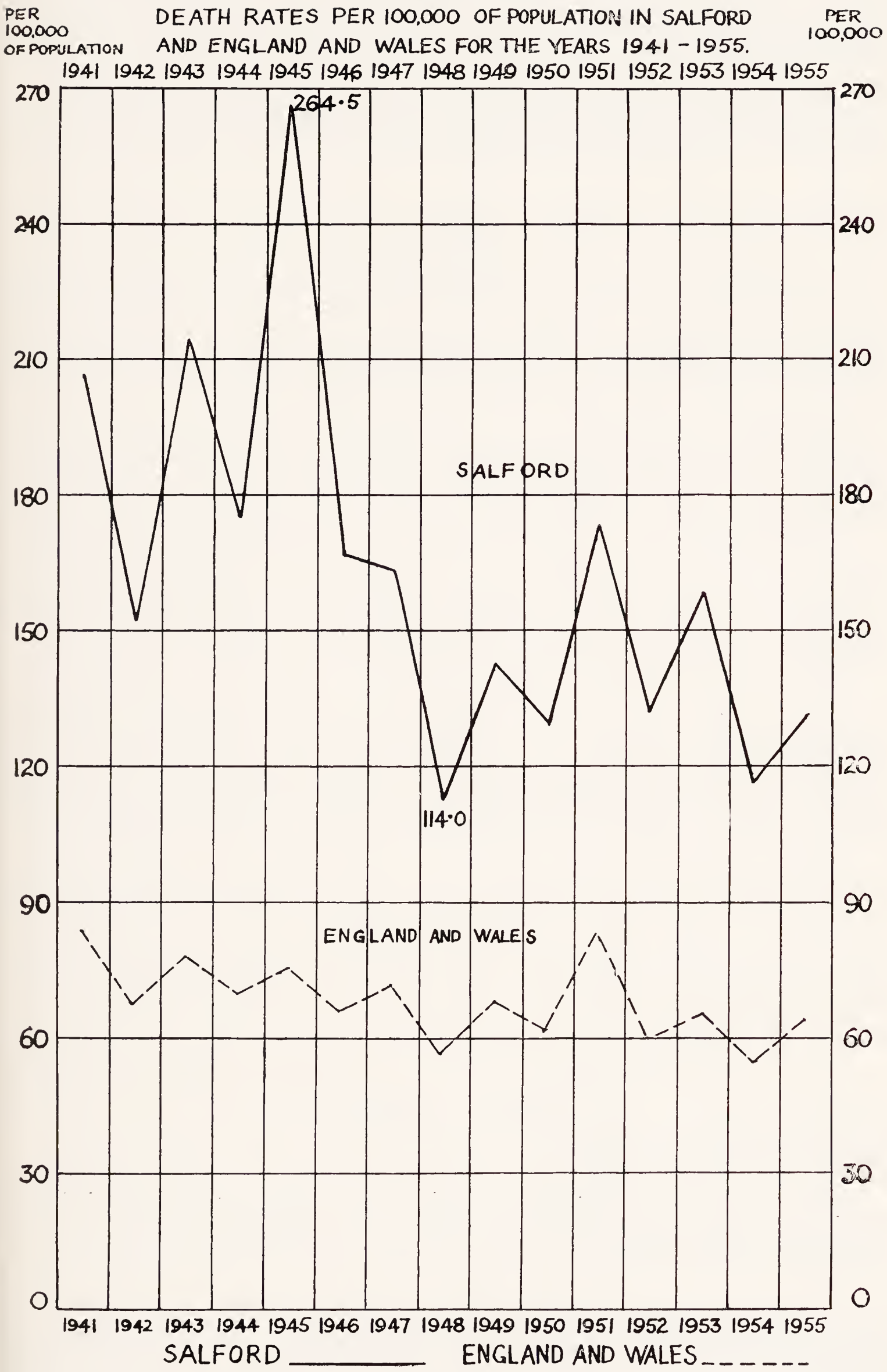
The greater interest now being taken in chest diseases has drawn attention to the small amount of progress made in the diagnosis, treatment and prevention of bronchitis.

Types of Bronchitis

The disease may be mild, severe or very severe, and be acute or chronic. It is believed that the initial cause and the resistance of the patient determine the severity of the infection.

This chronic form occurs mostly in the older age-groups ; it is worse for the sufferer during the winter but improves in the summer. Constant coughing dilates the cells in the lung and leads to bronchiectasis with much expectoration and emphysema.

BRONCHITIS


PER 100,000 OF POPULATION
DEATH RATES PER 100,000 OF POPULATION IN SALFORD AND ENGLAND AND WALES FOR THE YEARS 1941 - 1955.
PER 100,000
1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955
270
240
210
180
150
120
90
60
30
0
264·5
114·0
SALFORD
ENGLAND AND WALES
SALFORD _____ ENGLAND AND WALES _ _ _ _ _

This chronic form in our working population results largely from repeated breathing in smoke gases, powders or dusts, such as from asbestos, silica and coal ; it causes a general fibrosis of the lung with permanent impairment. The conditions caused by the three types of dust named are asbestosis, silicosis and anthracosis.

The Registrar General classifies in the term " bronchitis " the following variations of the disease : Acute bronchitis, bronchitis unqualified, chronic bronchitis with emphysema, and other forms.

Incidence

Geographical distribution. Climates with a high uniform temperature and ilttle moisture (*e.g.*, South Africa and Middle West of U.S.A.) remain relatively free from bronchitis. European countries exposed to the south-west rain-bearing winds, suffer most. "Any climate showing violent temperature changes, moist atmosphere and cold, raw winds, favours the disease."(4)

Morbidity. Bronchitis is not a notifiable disease, so there is no direct way to arrive at its incidence. Several of the avenues to arrive at an estimate are explored in the succeeding paragraphs :—

Mass radiography. From the six-unit mass radiography survey in Salford during 1953, there were, among the 65,324 Salford residents X-rayed, 473 (259 men, 201 women and 13 pupils) diagnosed as suffering from chronic bronchitis and emphysema. Applying this proportion to the whole City would give some 1,200 cases of chronic bronchitis at any one time.

In the random sample taken during the same survey, of 881 persons examined, many as the result of the visit of a Corporation health visitor, 10 were diagnosed as suffering from chronic bronchitis and emphysema. This proportion similarly applied to the Salford population would give 1,470 cases, but the base is a relatively small number and the resultant calculation could vary by 150 or 300, so the 1,470 could be reduced to, say, 1,200.

Among 12,064 persons residing outside Salford but working or attending school in the City, there were diagnosed 75 cases of chronic bronchitis and emphysema : this number raised to the population of Salford gives a total of 1,050 cases. It is likely that work-people who have to travel to another town would be the more robust and possibly therefore the estimate of 1,050 is on the low side.

In 1952, the mass radiography units of the Manchester Regional Hospital Board examined some 271,000 persons in the region and discovered 1,766 cases of bronchitis. This proportion applied to the population of Salford gives 1,080 cases of bronchitis.

From these three estimates of 1,200, 1,470 (reduced to 1,200), 1,050 and 1,080, it is likely that the number of cases of bronchitis in Salford at any one time will be about 1,150.

National Insurance statistics. Another approach to an estimate of cases of bronchitis in Salford might be expected by way of utilising the National Insurance statistics. It is hoped that the figures for Salford will be forthcoming in the near future.

Social Groups. Social grouping is closely related to the factors of environment, working conditions and the poverty complex.

There are five major groupings([10]) of the adult population, starting with I, the upper professional and managerial stratum, to V, the unskilled labourer.

The " crude " death-rate from bronchitis appears to ascend from 33 per 100,000 population in Group I by four steps to five times that figure in Group V (based on the last available figures for 1950).([6])

A Newcastle investigation([5]) revealed a significant preponderance of bronchitic cases in social class V and among those who had suffered from unemployment ; this was believed to indicate an economic association rather than an occupational one.

Bronchitis and Respiratory Tuberculosis. It is possible that a patient suffering from bronchitis may occasionally be unsuspectedly tuberculous. In Salford, in April, 1951, an experimental attempt was made, by invitation to the 180 medical practitioners in the City, to X-ray the cases of chronic bronchitis being attended by them. Special sessions were arranged for the examination and 26 of the practitioners referred 91 *net* cases (62 males and 29 females) to the mass radiography unit with the result that six new active cases of respiratory tuberculosis (equal to a discovery-rate of 66 per thousand examinees) were diagnosed.

The action then taken is worth repeating.

Congested lungs retard the normal clearing of the lungs by controlled expectoration, and so provide a lodgment for the infecting germs of tuberculosis, influenza, pneumonia, etc.

Sickness Benefit payments. In England and Wales payment was made out of National Insurance funds to claimants with bronchitis to a total of £7$\frac{3}{4}$ millions (males over £6 millions, females £1,550,000) in one year. The total payments to Salford residents are not published. On a population basis, Salford workers absent through bronchitis would draw at least £26,000 per annum of the £7$\frac{3}{4}$ millions.

A separate scheme of benefit exists (under the Pneumoconiosis and Byssinosis Benefit scheme of 1952) for persons found suffering from a group of lung diseases caused by the several forms of dust in industry—silica, asbestos, and coal, i.e., coal-workers' pneumoconiosis. Over 4,000 persons were in receipt of awards of disablement allowances in Great Britain.

Bronchitis in Industry

Absence from work. Official([6]) figures for the year ended June 5th, 1954 (the last published), show that bronchitis was the cause of 25,620,000 workdays being lost by males and females out of a total of 280,640,000 absences from All Causes, equal to 9·1, due to bronchitis, which heads the list of illnesses causing absence from work ; it exceeds by a small margin respiratory tuberculosis. In that year the industrial strikes caused the loss of 427,000 days([7]).

The absences fell most heavily in age-group 60-64, followed by 55-59, and then by 50-54. The male daily absences were twice as many as the female (22 males to 11 females), corresponding partially with the difference in numbers employed (ratio 29 males to 11 females).

On 5th June, 1954, there were in the country 28,500 insured persons incapacitated by bronchitis for up to six months ; 12,000 from six months to two years ; over two years, 12,300 ; total, 52,800. It must be remembered that June is a light month for bronchitic patients, and in December of any year there will most probably be a larger number of persons incapacitated, for over 13% of the new claimants in that month had bronchitis.

Separate figures for Salford residents are not available, but on spells of certified incapacity in the North Western Region, bronchitis claimed 13·2% of the males and 9·6% of the females, against England and Wales 11·1% for males and 7·7% for females.

Length of sickness spells. In Great Britain during the National Insurance year 1953-54 certificates of incapacity by reason of bronchitis were issued in respect of 511,000 males and 148,100 females who terminated their sickness sometime during the year. Of these persons, however, a large proportion had only a short spell of sickness : Spells of 24 days and under—males 73·6% ; females, 73·3%. Over 25 days, males, 26·4% ; females, 26·7%.

Sickness spells of men and women. In the spells of certified incapacity commencing in 1951 analysed by cause of incapacity and age of the claimants, it is shown(6) that for bronchitis the women predominated in numbers up to age 24, when the men took the lead and increased progressively in the next six age-groups and the women declined substantially to the proportion of one-tenth in age-group 30-34 years. Incidentally, for influenza the women again predominated up to age 24 by three to one, then the men increase and the women decrease to give the men domination in the succeeding age-groups.

Occupational sickness. The analysis of spells of certified incapacity by occupation was last made in 1951 for England and Wales. Even so, for bronchitis certain of the outstanding figures for that year are worth noting, for bronchitis accounted for 9·8% of the sickness claims from all causes : Workers in metal manufacture, engineering and allied trades, 81,000, head the list (fitters and machine erectors in this group of fourteen trades coming first with 26,000) ; persons employed in transport and communications, 53,000 ; coal mining, 51,000 ; workers in building and contracting, 32,000 ; and workers in unskilled occupations, 73,000.

In an investigation at Newcastle-upon-Tyne(5) into chronic bronchitis, no particular occupation was seen to be associated with this condition among either the males or females.

Working conditions. In the Newcastle-upon-Tyne investigation(5), of 1,202 living bronchitics and controls, extremes of temperature, draughts and dusty atmosphere were shown to be related to bronchitis.

Air Pollution

Smoke control areas. The Clean Air Act of 1956 provides for the establishment of such areas and for strengthening the powers of the central and local authorities to deal with atmospheric pollution within the declared areas.

Research. Meanwhile, the Ministry of Health report that research is proceeding into the physical nature of the various atmospheric pollutants and the effect on the human body. Enquiries are also continuing as to the methods of protecting these classes of the population who, by reason of previously

existing disease of the heart or lungs, must be regarded as being particularly susceptible to the effects of polluted air.

The Health Department of Salford has collected data at four points within the City for the Atmospheric Pollution Research Branch of the Department of Scientific and Industrial Research. The collected dust brought down by the rain from the atmosphere is analysed and split into the component fractions of tar, combustible matter, and grit or ash ; the separated rainwater is examined for soluble impurities, chlorides, sulphates, and so on (as detailed in the annual report of the Medical Officer of Health of Salford for 1955).

London experience. The metropolitan boroughs of London vary considerably in their mortality rate of respiratory diseases. Taking bronchitis alone, the death-rate (standardised mortality ratio) varied from Chelsea, 81, to Shoreditch, 235. The research worker([8]) found that air pollution exerts an important influence on the long-term death-rate respiratory disease, especially bronchitis.

Bronchitis is more prevalent in the North-East zone of London due probably to the prevailing south-west-south wind causing a " build up " in smoke pollution over the centre and north-east area. London postmen showed a sickness rate of 4·5% in the north-east zone, as against 2·5 and 2·6 in the other three zones([9]).

The unusual high frequency of deaths from chronic bronchitis among men in the industrial areas of the country indicts smoke pollution.

The Newcastle-upon-Tyne Investigation

Valuable and exhaustive research into the prevalence of bronchitis in Newcastle (population 281,000) was commenced in 1954 and the result published in 1957([5]) on a sample of 1,202 persons, half suffering from bronchitis and the other half matching by sex and age as controls. Several references from this survey have already been made in preceding paragraphs ; below are additional findings of interest :

The survey was carried out by the health visitors of the City and the medical examination of all persons in the sample done by all the doctors of the City, with co-ordination from a central office.

Smoking cigarettes was found to be much more common in the bronchitics than in the controls, but no association was seen between the number of cigarettes smoked and the disease.

" There was no relationship between the standard of personal domestic care and bronchitis."

Locality was found to be important : bronchitis was more frequent with prolonged residence in sooty, damp and foggy surroundings ; and an enclosed situation was closely associated with the disease.

Infection is the dominating factor in chronic bronchitis which is predominately a social disease.

Asthma was eight times as common in the bronchitic group as in the control group.

" Other respiratory disease, except asthma, was not a common association with bronchitis."

Bronchitis Mortality

The deaths from bronchitis for the years before 1940 are not comparable with later years because of the changes in classification made in 1940 in the International List of Causes of Death which caused persons dying from bronchitis and heart failure to be classified under bronchitis instead of under a heart condition. The year 1940 can therefore be regarded as a year of change and so it is advisable to commence the statistics with 1941—the start of the normal line of statistics for bronchitis.

The graph introduced as the frontispiece (page 107) shows the death-rate per 100,000 from bronchitis from 1941 to 1955 for persons in Salford, and England and Wales.

The graph gives the position of Salford in regard to bronchitis as measured by the death-rate.

In amplification of the graph, the following Table 1 gives for Salford, with Manchester and England and Wales as comparison, the death-rates from bronchitis per 100,000 for the years 1941-55.

TABLE 1.

Death Rates from Bronchitis per 100,000 of Population in Salford, Manchester, and England and Wales.

Year	Bronchitis (death rates per 100,000 of population)		
	Salford (Males and Females)	Manchester (Males and Females)	England and Wales (Males and Females)
1941	208	172	87
1942	156	137	70
1943	216	162	80
1944	174	129	69
1945	264	158	74
1946	170	134	66
1947	165	128	72
1948	114	116	55
1949	145	135	67
1950	130	110	64
1951	178	145	84
1952	133	105	62
1953	159	115	68
1954	119	109	57
1955	133	114	64
1956	146	113	66

Note.—The remarkable sequence of rises and falls in alternate years in Salford (except 1947), Manchester (except 1947) and England and Wales. For this to happen over seven consecutive pairs of years, from 1941 to 1955, gives much scope for the ascertainment of a reason or influence to account for the intriguing behaviour of the death-rates.

The death-rates are declining slightly, though they are always liable to rise on the occurrence of an outbreak of influenza.

Graphs of mortality from chest diseases. Two graphs (drawn to the same scale) are introduced over the page to show (*a*) the Salford bronchitis experience along with the other main chest diseases vis-a-vis, (*b*) the England and Wales figures ; a few climatic conditions are also added. It is generally accepted that influenza and pneumonia are associated with bronchitis, and that fog and rain are responsible for " touching off " a rise in the deaths in addition to other factors such as atmospheric pollution, smoke fumes, dust, stagnant air, etc.

A note of the principal deductions from the chart appear at the foot of each chart.

CITY OF SALFORD.

Climate and Death Rate per 100,000 Population in Salford for the Years 1946–1955 from Bronchitis, Influenza, Pneumonia, Lung Cancer and Respiratory Tuberculosis.

See Chart opposite.

Note.—Bronchitis stands stark above the other chest diseases as a cause of death in Salford and is only slightly on the decline ; the other chest diseases all lie in the low portion of the chart : the highest peak in the ten years for influenza accompanied a similar high peak in bronchitis ; pneumonia runs much the same course as bronchitis.

The falling respiratory tuberculosis rate crossed the ascending lung cancer curve in 1951-52.

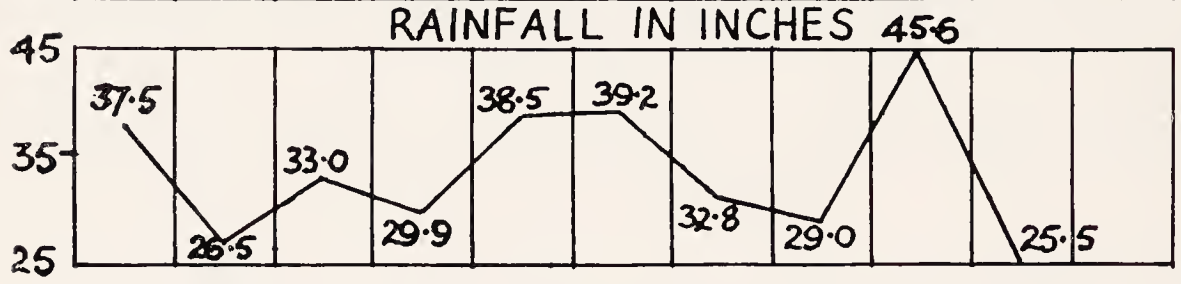
The Salford district rainfall worked out (contrary to general belief) to be less than England and Wales in nine out of the ten years.

SALFORD

NO. OF DAYS OF FOG.

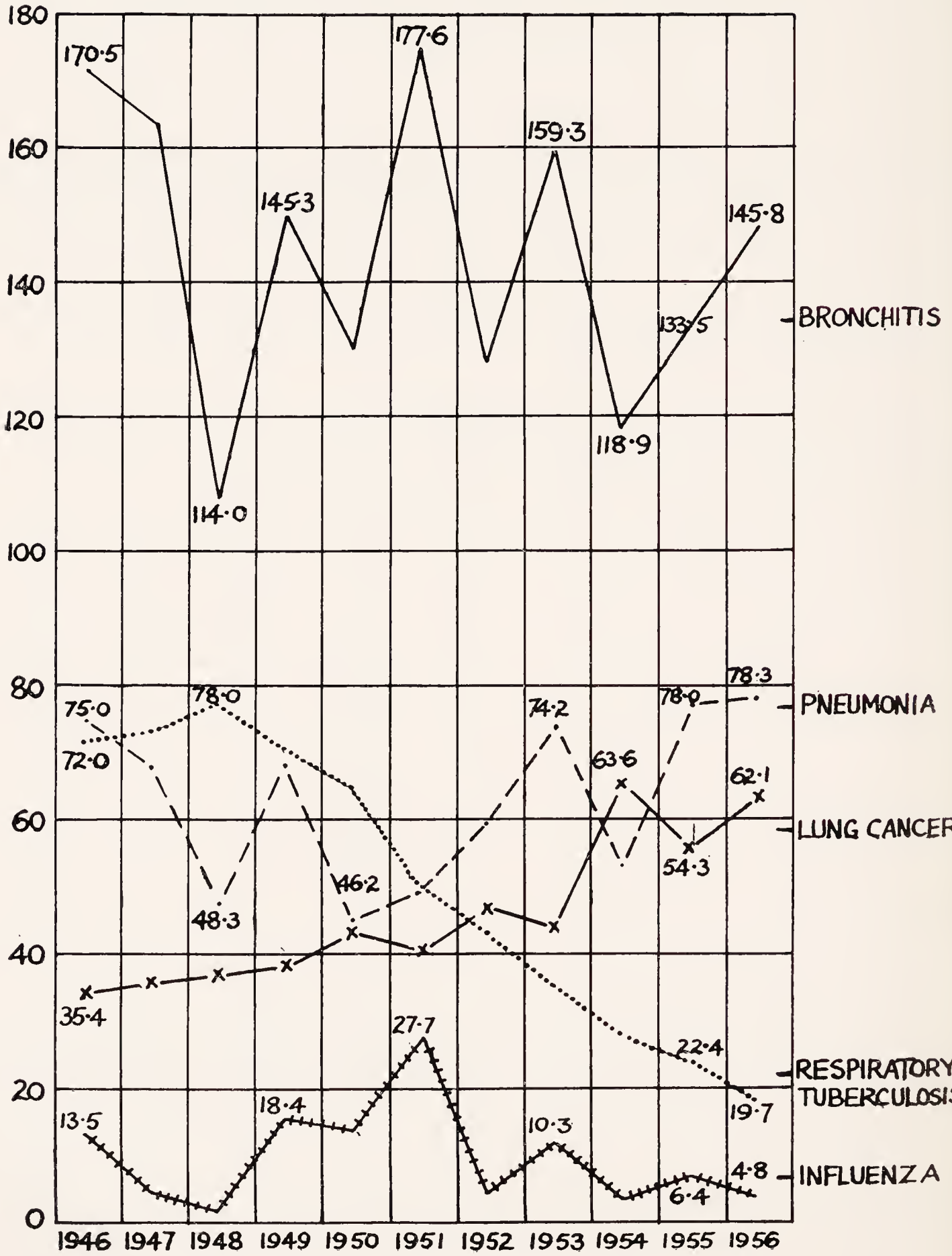
1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
43	27	24	62	20	20	40	107	103	49	

RAINFALL IN INCHES



FROM METEOROLOGICAL STATION, WHITWORTH PARK, MANCHESTER.

DEATH-RATE PER 100,000. SALFORD



ENGLAND AND WALES.

CLIMATE AND DEATH RATE PER 100,000 POPULATION IN ENGLAND AND WALES FOR THE YEARS 1946-1955 FROM BRONCHITIS, INFLUENZA, PNEUMONIA, LUNG CANCER AND RESPIRATORY TUBERCULOSIS.

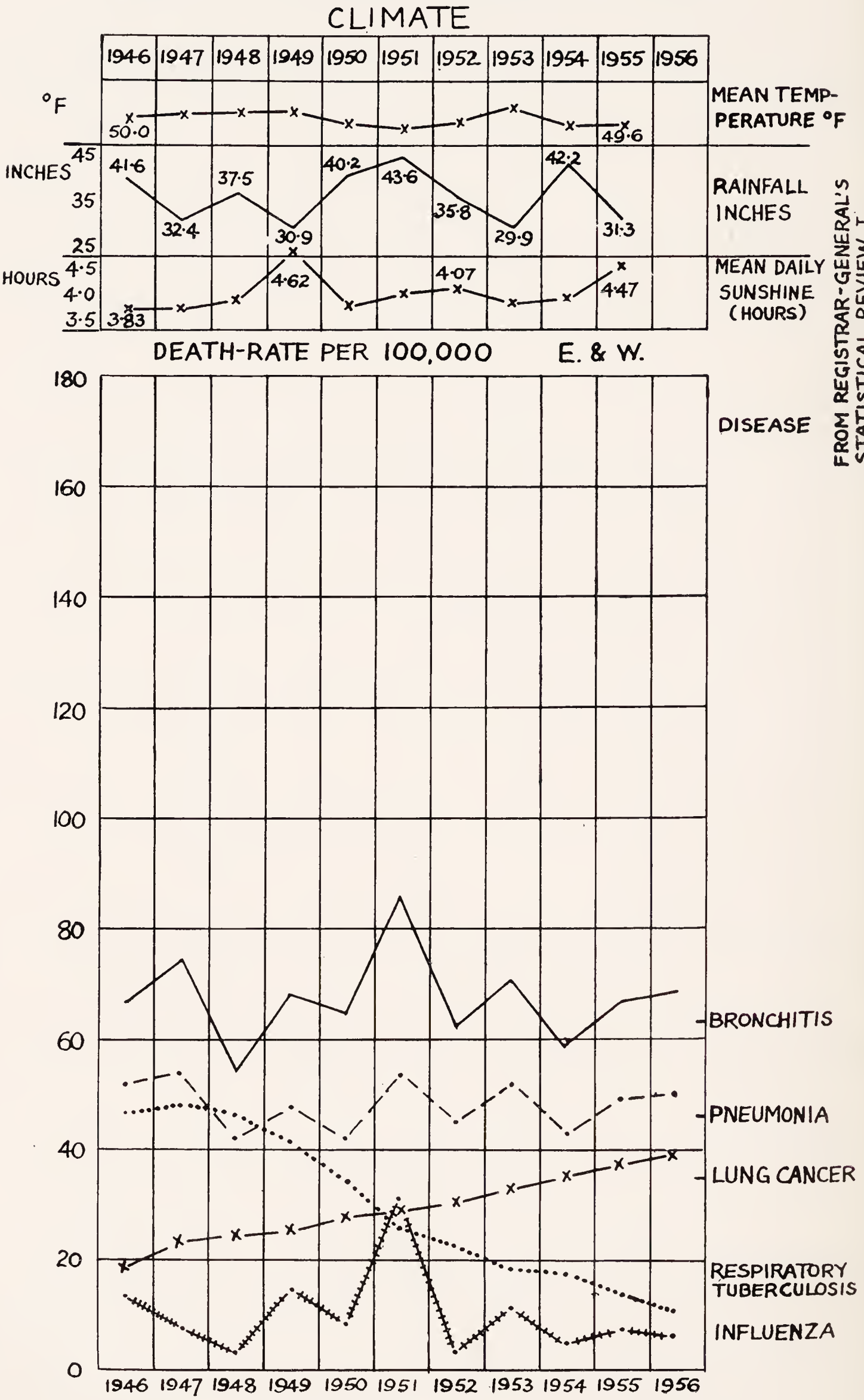
NOTE.—The curves of the several chest diseases (in England and Wales) lie well down in the chart denoting a better experience in the ten years than Salford. The highest peak of bronchitis in 1951 coincided with similar highest peaks for pneumonia, influenza and rainfall.

In view of the experience that an epidemic of influenza brings in its train a rise in the bronchitis mortality, it is unfortunately likely that the epidemic of Asian influenza identified as Virus A/Singapore/1/57 visiting the country in August, September and October, 1957, will result in a serious increase in the deaths from bronchitis (and probably pneumonia) in 1957 and possibly affect 1958, in both SALFORD and in ENGLAND and WALES.

The falling respiratory tuberculosis rate crossed the ascending lung cancer curve in 1951.

The Salford district rainfall worked out (contrary to general belief) to be less than England and Wales, in nine out of the ten years dealt with.

CLIMATE, AND DEATH-RATE PER 100,000 POPULATION IN ENGLAND AND WALES FOR THE YEARS 1946-1955 FROM: BRONCHITIS, INFLUENZA, PNEUMONIA, LUNG CANCER AND RESPIRATORY TUBERCULOSIS.



Deaths in sex and age-groups. The rates need to be broken down to show the mortality in the age-groups and for each sex. To this end and to smooth out the figures the average for the three years 1953-55 has been taken for Salford and Manchester ; and the age-group calculated as a percentage of the total male and female deaths. England and Wales is taken for one year.

TABLE 2.

DEATHS FROM BRONCHITIS ARRANGED TO SHOW THE PERCENTAGE AS FOR SEX AND AGE-GROUP.

Sex and Age-group	Salford (1953–55)		Manchester (1953–55)		England and Wales (1953)	
	%		%		%	
Males :	(67·5)		(65·8)		(66·0)	
0–14	1·0		1·8		1·6	
15–24	0·2		...		0·1	
25–44	2·5		1·9		1·3	
45–64	33·3		35·5		29·1	
65 plus	62·9		60·6		67·8	
	——	99·9	——	99·8	——	99·9
Females :	(32·5)		(34·2)		(34·0)	
0–14	...		2·8		2·4	
15–24	...		...		0·1	
25–44	2·2		1·0		1·4	
45–64	19·5		16·2		13·2	
65 plus	78·2		79·9		82·8	
	——	99·9	——	99·9	——	99·9

NOTE.—The mortality for the males is very light up to age 44, but it increases in age-group 45-64 where about one-third of the total deaths occur, to be followed by age-group 65-plus in which the mortality is heavy, approximating two-thirds of the deaths among males and four-fifths among the females.

The ratio of mortality of males to females is consistently two to one female.

Seasonal mortality. In Great Britain, bronchitis is most prevalent in the late winter and in spring. This seasonal distribution of the deaths is unmistakable on inspection of the monthly figures for England and Wales expressed in the graph opposite, in which have been included the corresponding experience for pneumonia, influenza and cancer of the lung and bronchus.

Nearly half of the deaths occur in the first quarter of the year ; 20% in the second quarter, 9% in the third, and then high again at 23·3 in the fourth quarter. Males predominate to the extent of two to one.

Pneumonia is also seasonal, much the same as bronchitis, except that the male and female mortality (29·0 male and 28·4 female) is similar.

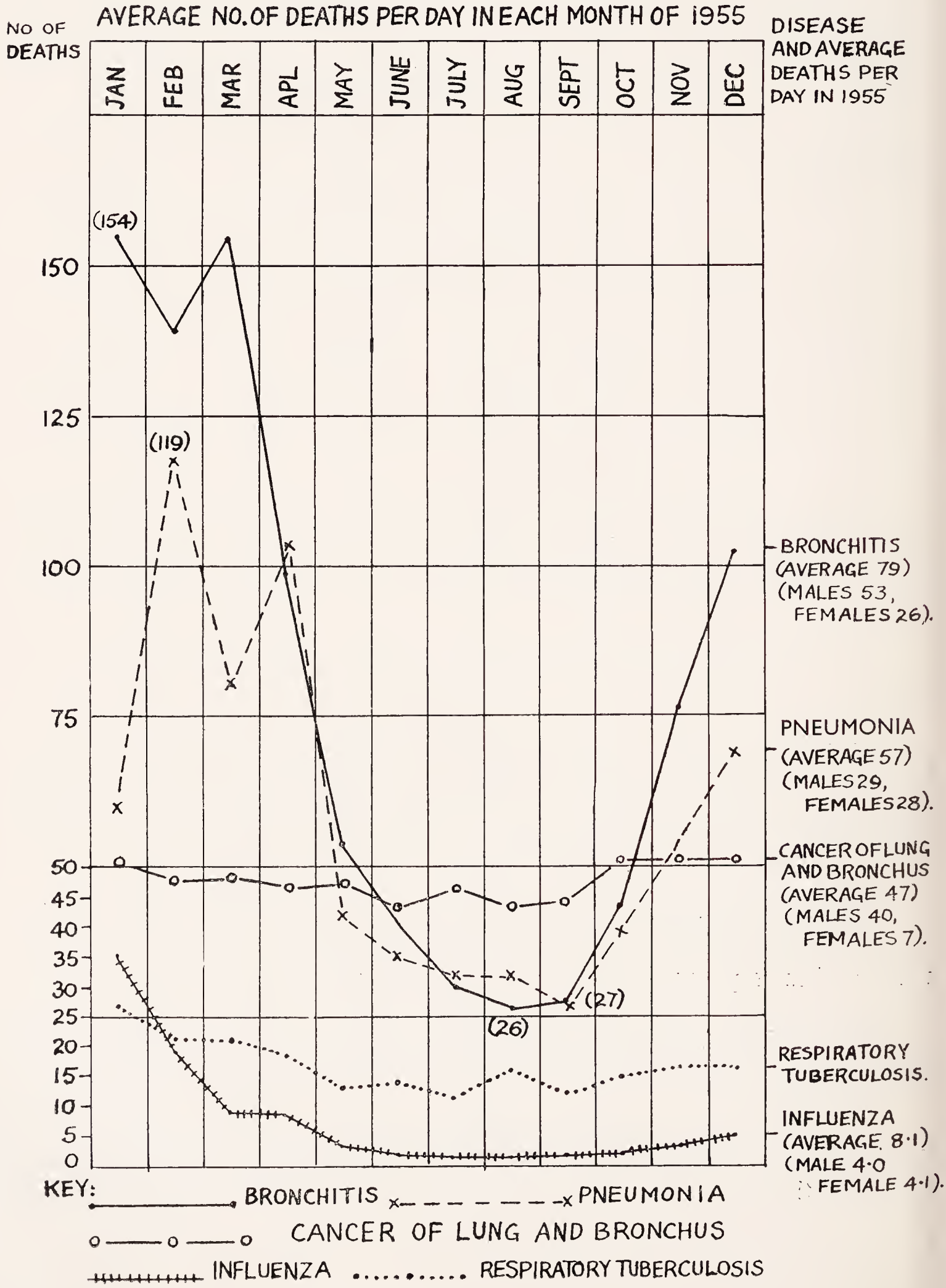
It is not possible to produce a graph for Salford's seasonal changes, as the information is not available from the Registrar General ; but there is no doubt that the same trends occur in Salford as in England and Wales.

BRONCHITIS IN ENGLAND AND WALES.

GRAPH SHOWING THE SEASONAL MORTALITY IN 1955 FROM BRONCHITIS, ALONG WITH THE EXPERIENCE OF OTHER CHEST DISEASES.

NOTE.—The seasonal variation in bronchitis mortality from the highest in January to the lowest in August ; the course of the curve is substantially followed by pneumonia, with the highest in February and the lowest in September. There is only slight indication of the seasonal factor in cancer of the lung and bronchus, in respiratory tuberculosis and in influenza : the last-named usually comes in epidemic form and influences the mortality from bronchitis and pneumonia. (See below).

GRAPH SHOWING THE SEASONAL MORTALITY IN 1955 FROM BRONCHITIS, ALONG WITH THE EXPERIENCE OF OTHER CHEST DISEASES



South-East Lancashire Conurbation. Continuing the home figures, let us take the figures for Salford, then Salford's boundary neighbours, on to the South-East Lancashire Conurbation ; and then for the rural areas.

Area.	*Population.*	*Bronchitis death-rate per* 100,000 (*average* 1953-55).
City of Salford	170,000	137·2
Manchester (bordering Salford on East Side)	692,200	111·4
County area bordering Salford (Eccles, Swinton, Prestwich, Urmston, etc.) on North-West and South	219,840	85·0
South-East Lancashire Conurbation (Bury, Bolton, Rochdale, Oldham, Manchester, Salford, Stockport and surrounding areas)	2,411,130	101·4
Lancashire rural districts	304,000	48·0

The five areas return their bronchitis mortality in the order of degree of industrialisation—from city to rural area.

Other home areas. An examination of the Registrar-General's Statistical Returns reveals many remarkable differences between the bronchitis death-rates of neighbouring towns and other large towns having similar industries or characteristics.

In the following examples, the rates are based on the average for the three years 1953-55 and are per 100,000 of the population :—

Portsmouth ...	63·5 ;	Southampton ...	48·9.	Pneumonia rates differ similarly—51·6 to 37·7.
Cardiff	66·5 ;	Bristol	51·2.	Position reversed for pneumonia—39·1 and 58·6.
Blackburn ...	106·5 ;	Preston	81·0.	Towns similar size, 10 miles apart ; industrial.
Birmingham ...	73·1 ;	Coventry	50·6.	Large cities, 18 miles apart ; manufacturing.
Nottingham ...	89·8 ;	Leicester	66·4.	23 miles apart ; manufacturing.
Oldham	160·3 ;	Bolton	96·6.	About 15 miles apart ; similar size ; cotton. For pneumonia, 56·5 and 42·9.
Blackpool ...	81·3 ;	Brighton	70·3.	Seaside resorts, far apart. Position reversed for pneumonia, 33·9 and 61·4.
Southport ...	71·5 ;	Hastings	50·9.	Position reversed for pneumonia, 46·0 and 66·3.
Salford	136·7 ;	Stockport... ...	109·0.	8 miles apart ; manufacturing. For pneumonia, 69·2 and 39·6.

What are the reasons for these widely differing rates in bronchitis ? What are the factors and influences at work ? The habits of the people will be very much the same and air pollution does not affect the seaside resorts. In nine of the ten years 1946-1955, the Manchester area had less rainfall than the rest of the country.

Bronchitis in Other Countries

In the countries of Northern Europe, the bronchitis death-rate per 100,000 of the population is very low : Finland, 2·1 ; Norway, 4·2 ; Sweden, 4·1 ; and Denmark, 4·1.

France has also a surprisingly low rate of 4·1 ; Switzerland, 6·4 ; and then the figures ascend to :—

Western Germany ...	11·2	Belgium	21·7
Holland	11·5	Portugal	23·1

Now come the high figures of England and Wales, 64·5 ; Scotland, 40·6 ; and Northern Ireland, 36·7. In other continents there are :—

United States ...	1·8	Canada	3·8	Japan	9·9
Australia	9·9	New Zealand ...	7·9	Ceylon	12·2

Excepting England and Wales, most of the countries have reduced their rate of bronchitis mortality during the past nine or ten years.

Japan, from 44·8 in 1947 to 9·9 in 1955, on the face of it a remarkable achievement and worthy of enquiry as to the means adopted. The other countries effecting a reduction include :—

Ceylon	From	22·6	in 1946 to	12·2.
Belgium	„	26·7	„ 1946 „	21·7.
The Saar	„	18·8	„ 1947 „	11·3.
Italy	„	19·1	„ 1947 „	14·5.
Scotland	„	50·4	„ 1946 „	40·6.
Northern Ireland	„	49·9	„ 1946 „	36·7.

England and Wales alone remain practically stationary, 66·0 in 1946, with several rises and falls to 64·5 in 1955. The heavy British rates, atarting at age-group 55 and attaining 1,751·5 among males at age 85-plus, have no counterpart in the other countries ; nor is there the same disparity between the male and female proportions.

Diagnosis and Treatment

Bronchitis presents no specific or diagnostic lesion : the earliest and most constant clinical feature is the production of sputum.

The casual factors of the disease are largely unknown. " The condition from which they (bronchitic patients) are ailing still has its unsolved mysteries awaiting further investigation "(4). The investigation on a national basis now said to be in hand (Ministry of Health's statement) will no doubt consider such factors as climate, heredity, social status, atmospheric pollution, working conditions, environment, subsoil, etc.

Summary and Conclusions

1. The position in regard to bronchitis of the industrial city of Salford (population 169,300 ; area, 5,202 acres) is reviewed : (*a*) the death-rate is high in relation to other comparable towns, with the South-East Lancashire Conurbation, and with England and Wales ; (*b*) comparison is continued with countries abroad, where the bronchitis death-rate is found to be much lower, and in some of the countries almost non-existent ; and (*c*) the position in regard to other respiratory diseases in Salford, with seasonal variations (page 000).

2. It is estimated there are in Salford some 1,150 cases of bronchitis at any one time.

3. In Great Britain and other countries the males predominate in the mortality statistics and in the older age-groups, but not to the same extent as in England and Wales taken alone.

4. There is a unique feature in the death-rate from bronchitis in Salford, Manchester and England and Wales (page 000) : during the 14 years 1941 to 1955, the rate rises one year and falls the next, this happening seven times (with the partial exception of Salford in 1947). An explanation of this remarkable state is invited.

5. Japan's death-rate from bronchitis declined from 44·8 per 100,000 in 1947 to 32·3 in 1948 and so on to 9·9 in 1955 ; it would be of undoubted interest to learn the influence or steps which brought about this dramatic improvement.

6. Scotland and Northern Ireland have reduced their death-rate from bronchitis between 1946 and 1955, whereas the rate for England and Wales has remained without improvement. Salford, too, records a tendency for the rate to decline.

7. We are reminded that there is no evidence directly that bronchitis is due to atmospheric pollution ; on the other hand, there is strong evidence from statistics and research that atmospheric pollution has a bearing. The Ministry of Health report research on the problem is proceeding, in which Salford health department are co-operating.

8. There is scope for further medical research in the diagnosis and treatment of bronchitis which causes many more deaths in Salford than any other respiratory disease, with a similar position in England and Wales but on lower death-rates (pages 114 and 116).

9. The graph on page 118 shows bronchitis to be greatly affected by the seasons, being high and erratic in the winter quarter, and then descending in an emphatic curve down to August, to climb again to the half-way mark in December. Pneumonia is also seasonal, but the curve is not so deep as bronchitis. Incidentally, the three other common respiratory diseases of cancer of the lung and bronchus, respiratory tuberculosis and influenza, show little seasonal fluctuation.

10. A survey of bronchitis has recently been carried out in Newcastle-upon-Tyne[5] (published in 1957) and contains some valuable findings : a significant preponderance of bronchitis in social class V (the lowest—unskilled labourers) and among those who had suffered unemployment ; no particular occupation was seen to be associated with chronic bronchitis ; the disease was more frequent with prolonged residence in sooty, damp and foggy surroundings and in an enclosed situation ; asthma was eight times more common in bronchitis than the normal ; etc.

11. National Insurance statistics show that bronchitis is the chief cause of absence from work in 9·1% (equal to 25,620,000 lost work days) of all causes. An analysis of the 9·1 shows that women predominate up to age 24, when the men assume the lead.

12. In past years, influenza, appearing irregularly in epidemic form, has brought in its train an increase in the death roll from bronchitis and also pneumonia. From this experience, it is most likely that the deaths from bronchitis and pneumonia in 1957 will be much higher than average because of the epidemic of Asian influenza in August, September and October—and perhaps continuing to the end of the year.

Health Department,
143, Regent Road,
Salford, 5.
2nd December, 1957.

REFERENCES

(1) Registrar General's Statistical Return, Medical, I, 1955 and prior years.

(2) Lawther, P. J., N.A.P.T. Bulletin, February, 1957 (National Association for the Prevention of Tuberculosis).

(3) National Association for the Prevention of Tuberculosis, Symposium on Bronchitis, N.A.P.T. Bulletin, February, 1957.

(4) Howell, T. (1951), Chronic Bronchitis (Butterworth and Co. Ltd.).

(5) " Chronic Bronchitis in Newcastle-upon-Tyne," by A. G. Ogilvie and D. J. Newell (E. and S. Livingstone Ltd., 1957).

(6) Ministry of Pensions and National Insurance : Digest of Statistics analysing certificates of Incapacity, 1951-52 and 1953-54.

(7) National Press, 30/4/57 (including " Daily Express.")

(8) Hewitt, D. : Mortality in the London Boroughs, 1950-52, with special reference to respiratory disease ; British Journal of Preventive and Social Medicine (April) 1956 (abstracted in Tuberculosis Index of N.A.P.T., December, 1956).

(9) Reid, D. D. Proceedings of the Royal Society of Medicine, vol. 49/764.

Definition.

(10) Social Groups : I—Upper professional and managerial strata ; II—Lesser employers, managers and professions ; III—Skilled and black-coated workers ; IV—Semi-skilled including agricultural workers ; V—Unskilled labourers.

SCHOOL HEALTH SERVICE ANNUAL REPORT

To the Chairman and Members of the School Health Sub-Committee.
Mr. Chairman, Ladies and Gentlemen,

The child of today has a vitality and health which is in marked contrast to the child of years ago. He is not merely taller and heavier, but he looks, as photographs show, much happier. The progress made, however, reveals progress yet to be made. Much concerning the development of health in the child lies outside the school. It is the home and social environment which is responsible for those children in Salford who are neglected, miserable and badly cared for. Hence, it is reasonable that the School Medical Officer should also be Medical Officer of Health. Housing problems abound, but more important than this is the standard of parental care and the degree of skill, knowledge which influences that care, and the intelligent affection which should animate the relationship of parent and child.

We want to improve the practice of health habits so that children can grow well in a favourable environment. We want plenty of active play in the open air. Formal lessons about health are out of place when health habits are formed. Good example and practice both in the home and in the school are necessary. Training in health must be practical. We pay tribute to the efforts which are made in the school to improve health education. I feel that the help of the medical and nursing staff in the training in health habits will be a great advantage. There is a great need for the average child to have a healthy attitude towards life, and the resources not only of the School Health Service but of the Health Department can be made available. We aim to work hand in hand with the teaching staff. Ultimately, our aims are identical. Knowledge of a good way of life and health are essential in the make-up of a well-educated person.

During the year I have emphasised the dangers of heavy smoking, particularly in connection with cancer of the lung, although the damage is, of course, far more extensive than that to the respiratory tract. We have also tried to assist, through education, to reduce the toll of accidents of all kinds, for not only do we find them as the main cause of death among Salford children, but the cause of a great many injuries as well.

The time for health teaching is in childhood, before fixed habits have been formed, and I wish most strongly to see that the influence of home and school are unified and directed towards the same end. It is most unfortunate that home and school so often do not pull together. In our public health work in the home we seek to create a favourable climate of opinion and attitude so that one, far from contrasting the other, helps and supports. Sound educational and psychological development of children is encouraged when home and school are at one with each other. We have sought to encourage the study of life and work of pioneers of public health in order to appeal to the older school child whose tendency to hero worship should be directed along worthwhile lines.

We have tried to improve the standards of cleanliness in children and both home and school must see that the habit of hand-washing is frequently practised. We have also made a special attack on problems of infestation.

Over 87,000 individual examinations of children took place during the year, and only 1,279 children were found to show any sign of infestation, however slight. I am glad to say that this proportion of children has been further reduced at the end of the year, for we are following up rigorously the few infested families. Complete victory may be denied us for no matter how good efforts and scientific weapons are, importation from outside will occur.

The staff have secured the co-operation of the parent and child in a remarkable way without complaint or protest. This is a happy augury for future co-operation of parent, child, teaching and health staffs.

Various other ventures were undertaken. A new method of detecting sugar in the urine was applied to grammar school boys.

A vast amount of work was done in periodical medical examinations. Whilst I do not doubt the importance of inspection on entry and on leaving school, I feel the time and skill of staff can be better spent in dealing with those children who are handicapped or who are at risk of being handicapped, or those who are in some way subnormal in health. Our help in keeping well those children who are already well is available to all who wish to take advantage of it, but more and more we must pay special attention to handicapped children and see that they become an asset and not a liability to the country. We must have a more rigorous system of vision and hearing testing. The supreme importance of sight and hearing is increasingly valued and no effort is too great in order to preserve the health and efficiency of the special senses.

I wish to express my sincere gratitude for the co-operation of the Director of Education, and his staff, particularly the Head Teachers and Teachers for their help throughout the year ; also to the medical, nursing and administrative staffs, whose work forms the subject of this report. I am grateful also to you, Mr. Chairman, Ladies and Gentlemen, for the unfailing support which you have given to me throughout the year.

I have the honour to be,

Your obedient Servant,

J. L. Burn.

Principal School Medical Officer.

Medical Inspection and Treatment

Dr. D. E. Jeremiah reports :—

Medical examinations constitute a first condition for the promotion of school health. Their purpose is to supervise in the broadest possible sense the development and growth of the child. They keep a check on immunisation procedures and also try to find out whether preventive measures are needed against disorders and diseases that may injure the normal growth of the child. They further attempt to investigate and, if necessary, provide the necessary conditions for the promotion of every child's physical, emotional and social development.

Medical examinations at school help to assess the child's capacity to adapt itself to school. School, for most children, is the first experience of group life away from home. These experiences might produce new tensions with the new circumstances. This adaptation depends on the efficiency of the child being fully aware of its surroundings and this in turn depends very much on the efficiency of its sensory organs of sight and hearing, or on the rectification of these difficulties. Intellectual emotional disturbances also hinder adaptation. The latter, however, are naturally very much more difficult to detect and put right.

It will be seen that the problem of health is distinct from morbid disease and is indeed a more complex one. The assessment of health cannot be undertaken entirely by screening processes or by machines and it has to depend mainly for its efficiency upon the human mind of man and this in spite of the limitations of human error that must be always present in any such procedures. Statistically, it has been said that the School Health Service, as it is constituted today, is capable of detecting between 50% and 60% of the defects that might be present in school children. Any evaluation of the School Health Service with regard to adult individuals in later life will depend entirely on the criteria and standards required by the various departments and walks of life. For example, the requirements for the armed forces are entirely different from those for people who would like to enter for theological careers in remote parts of the world. Essentially it would appear that stamina in all the factors of health are required for both but, on contemplation, the requirements are very different. To definitely state the value of medical inspections statistically is always doubtful in its result since the permutations and combinations for the conditions of men in later life are so varied. It follows, therefore, that there should be no question of reducing the activities of school inspections as a whole but merely the redistribution of such services so as to make them as effective as possible.

During the year the number of periodic examinations carried out in schools was 8,851. The age-groups inspected were 5, 7, 10 and 13. The 7-year-group was dropped in September, 1957, as part of the forces of medical and nursing man-power had to be diverted to the pressing needs of vaccination against poliomyelitis.

There appears to be a tendency for a rise in the percentage of individual pupils found at routine medical inspections to require treatment, as the following figures will show :—

1947	... ...	26·9	
1948	... ...	23·7	
1949	... ...	20·5	
1950	... ...	26·4	
1951	... ...	24·1	
1952	... ...	11·8	
1953	... ...	18·4	
1954	... ...	13·9	
1955	... ...	11·7	
1956	... ...	17·6	
1957	... ...	19·9	

In addition to these examinations by the medical officers, health visitors / school nurses carried out periodic surveys on all children at their schools. They are also responsible for the routine eye-testing of children. With regard to infant schools it is indeed important that children are tested as early as possible when they enter school, but the testing of the school entrant is a very time-consuming and slow process and fewer children are tested per session, and at least two people are required to test each child. The procedure that has been attempted is as follows :—

> Groups of five children are given paper cut-outs of the letter 'E' and, as a game, they are shown at close quarters what is required of them in matching up with the letters on the Illiterate 'E' chart. It is emphasised to the nurse that the children must be taught just what is wanted. They are then tested individually with both eyes just to give confidence, and, after that, each eye individually by covering one eye with 3-inch squares of Zinc Oxide plaster (above eyebrow and across bridge of nose lightly).

Surveys are also carried out in schools by the chiropodist and audiometer technician. In connection with these procedures it is important to remember that were it not for the closest co-operation between the various people responsible for the care of health and education of the school child these investigations would not have been so successful. With these interruptions in school the time factor involved might very easily cause great inconvenience to all concerned. It is always noted where the co-operation is good between the medical and school staff the task is completed in the shortest possible time. This point is not always appreciated by grumblers both on the health and teaching staff of schools. This is indeed a problem for intense health education internally.

School Medical Records.

It is only recently that the procedure of examination in the School Health Service has been critically examined against the medical requirements for recruits to the armed forces and, statistically, it has been shown to be functioning at between 50% and 60% efficiency. It is important that similar investigations should be undertaken with regard to the medical requirements in the various branches of industry. It is only by such means that it will be possible for us to assess the standards required. It is important to remember that it was in the first instance the appalling state of recruits at the beginning of the century that caused the formation of the School Health Service. The major cause of rejection in those days when the army marched on its feet were knock-knees and bow-legs. The recruit of today does not usually suffer from such conditions, but the requirements of fitness include acuity of hearing and a higher psychological standard of efficiency. It is important, therefore, that the recording of such data at medical examinations should be open to periodic review. For instance, a definite place might be allocated for enuresis (bed-wetting) and in view of psychological disorders becoming more prevalent in this age of stress and strain perhaps a report by the school nurse, in co-operation with the school teacher, on behaviour and disposition is necessary. Until this is done it will be impossible to screen pupils for abnormalities of behaviour in the few minutes available at a routine medical inspection. The School Health Service report that 1·6 per 1,000 school children suffer from some psychological abnormality, whereas the Ministry of Labour and National Service and the Committee for investigation into maladjusted children place it higher—somewhere in the region of 80 per 1,000 individuals. In this connection, reducing the number of inspections will not in any way help in

the solution for discovering such changes of personality but it will be improved if some record can be kept on the features of behaviour and development at the various stages of a child's life. The difficulty, of course, will be to discover for screening purposes what factors exactly describe the normal behaviour and personality in the various age-groups. This is the future challenge for the School Health Service. Flat feet and knock-knees may be important but they are not the serious difficulties of the day. However disappointing, this records past success for the Service and in no way reflects on the condition not being found today.

Presence of Parents at Medical Inspections.

	Parents present.	*No. of pupils inspected.*	*Per cent. present.*
Entrants	2,166	2,464	87%
Intermediates	1,595	2,167	73%
Leavers	720	2,283	31%
Other periodic inspections ...	669	722	92%
7 years	993	1,215	81%

Examination of Teachers.

Candidates for entry to the teaching profession and to courses of training for teaching were medically examined in accordance with the Ministry of Education Circular No. 249. During the year the following number of examinations took place :—

Number for employment as teachers.	*Number for admission to training college.*	*Number who defaulted medical exam.* (28 *R.Q.*). *Teachers.*	*Number who defaulted medical exams.* (4 *R.T.C.*) *Candidates for training college.*
112	55	11	1

There were no outright rejections of any candidates by the medical examinations.

X-ray examinations to ensure the absence of tuberculosis were carried out in each case—where possible by means of mass miniature radiography.

Miscellaneous Examinations.

Examinations in connection with the employment of children, under the Children and Young Persons Act, 1933 :—

Delivery of newspapers		440
Errand boys :	Grocers	18
	Butchers	7
	Chemists	2
	Ironmongers	1
Light packing :	Chemists	1
	Total	469

Six children were examined in connection with their employment in entertainment.

MOTHERS WORKING.

A survey taken during the year revealed that 56·2% of the mothers did not go out to work, 19·2% were employed part-time and 24·6% were employed full-time.

It is clear that employment of the parents has no bearing on whether parents are present at medical inspections or not. Parents, as their children get older, do not so regularly attend at the medical inspections of their children. Whether this is a natural biological fact or due to a declining interest in their children's welfare it is difficult to say. The former reason can perhaps be a more correct conclusion. There is, of course, the fact that as the children grow older they sometimes resent the presence of parents at the examination, but it is doubtful if this will completely explain the fall in attendance of parents of the intermediates as compared with those of the entrants. With regard to mothers going out to work, the pattern for employment appears to be set by the parents themselves and not governed by any economic or social pattern but, on an average, about 50% of the mothers of Salford go out to work irrespective of the age of their children. Perhaps it may be that the decision to go to work is taken by the parents themselves in that they decide between either being housewives or following a career.

SPECIAL REGISTER.

The following table gives details of the number of children on our " Special Register." These children, who are periodically reviewed, possess certain defects yet do not require to be classified as Handicapped Pupils.

Asthma	47
Partially Sighted	24
Heart	14
Partially Deaf	13
Delicate	482
Physically Handicapped	140
Epileptic	37
Multiple Defects	2
Rheumatism	76
Maladjusted	4
Diabetes	8
Speech	8
Total	855

HANDICAPPED PUPILS REGISTER

Category	Attending Residential School	Awaiting Admission to Residential School	Attending Day Special School	Awaiting Admission to Special Day School	Attending Day Special Class	Awaiting Admission to Day Special Class	Home Teaching	Parents Refuse Places	Total
Blind	8	...	...	...	...	...	...	...	8
Partially Sighted	...	...	13	...	...	...	...	...	13
Deaf	9	...	9	...	...	...	...	...	18
Partially Deaf...	...	...	...	...	10	8	...	...	18
Delicate	53	10	202	21	...	...	...	5	291
Physically Handicapped	9	7	24	2	...	...	5	...	47
Epilepsy	...	...	6	...	...	...	...	...	6
Educationally Subnormal	53	15	62	20	81	27	...	25	283
Maladjusted	6	...	...	...	...	...	...	...	6
TOTALS	138	32	316	43	91	35	5	30	690

A large number of physically handicapped children are in attendance at ordinary schools. In addition, at our open-air schools, we have children who have been in attendance at the Cerebral Palsy Unit and have been transferred to the open-air schools for an intermediate period before possible final discharge to an ordinary school. Sensory defects play an important part in the treatment of cerebral palsy and are in some cases the more difficult part of the handicap to treat. The more one looks at these sensory defects in the cerebral palsied child the more one wonders whether it is right that muscle training and movement training is the conclusion of all forms of treatment. We are apt to forget that there is a normal side to these children that needs development and it would be in their interests if something more could be done with regard to developing that which is normal rather than spending enormous time in the treatment of the abnormal part. The whole " perceptive loss " of these children is something which is difficult to assess, but the normal side could sometimes compensate in this direction. The acuteness of this problem can be realised perhaps more graphically in the child who is naturally right-handed but who happens to suffer from cerebral palsy of the right side. We might spend some valuable time in the re-education of the child to enable movements to be performed effectively with the aid of the left arm or leg rather than try to press on with right-handed movements. Quite often, the cerebral palsied side has a diminution in sensation and the amount of effort required in re-education is enormous. By transferring the cerebral palsied child to an open-air school, it is possible to encourage the experience of normality and at the same time to give some physiotherapy. In addition, the child has the opportunity of gaining some experience of the normal world and thus preventing the development of a sense of frustration.

Co-operation with Family Doctor.

The family doctors were informed in respect of sixty-one school-leavers who were found to have certain defects. The Youth Employment Officer was also advised as to the suitable type of employment in each instance.

Treatment.

The arrangements outlined in previous reports for the provision of medical treatment under Section 48 of the Education Act, 1944, have been continued.

(1) *Minor Ailments.* These continue to be treated at the clinics situated at Regent Road, Police Street, Murray Street, Langworthy Clinic, on school premises at Broughton Secondary Modern School, Clarendon Secondary Modern School, Ordsall Secondary Modern School, Blackfriars Road School, Barr Hill and Claremont Open-Air Schools. The mobile minor ailments clinic now visits fifteen schools which are not within reasonable distance of a clinic.

(2) *Skin Defects.* Simple skin defects are dealt with at the minor ailments clinics.

Mr. Kelly, however, reports on the question of scabies and ringworm as follows :—

	Adults.	*School children.*	*Under 5's.*	*Total.*
Scabies treatment in 1957 ...	115 (inc. 6 B.V.)	80	29	224 (inc. 6 B.V.)
Comparable figures, 1956 ...	192 (inc. 9 B.V.)	75	32	299 (inc. 9 B.V.)

B.V. = Body Vermin cases.

There has been an overall reduction of 25% in the total number of scabies treatments in 1957, compared with the previous year.

It would appear, at the first glance, that there had been an increase of 5 in the total number of Salford school children treated (80 in 1957 against 75 in 1956) but this is not quite so. Four of this total were children from another City, who were here on holiday, and another living over the boundary but schooling in Salford.

Another child was infested three times during the year, due, no doubt, to a source of infestation which we could not trace through lack of information from the parents.

Thus we find that we have a true total of 73 Salford children treated (2 down on 1956) and, of these, only 44 were positive scabies and 29 were treated as contacts.

Ringworm.

These also show a reduction by comparison with 1956.

	1957	1956
Number of positive cases (head)	1	3
,, ,, ,, ,, (body)	3	3
,, examined but proved negative	14	22
Total number examined	18	28
"P" Street outbreak (positive cases)	24 children. 2 adults.	

There was no need to refer any of these to Manchester Skin Hospital as treatment was successfully carried out in the Minor Ailment Clinics but we are, as usual, fortunate in having on-the-spot co-operation from the Public Health Laboratory in the miscroscopic examination of, and culture from, skin scrapings and hair specimens. The "P" Street outbreak was of an unusual character and as such the cases are not included in the general trend of figures for the year.

In connection with ringworm a Health Visitor reports on the "P" Street outbreak.

"*Outbreak of Ringworm in 'P' Street.*

"On 25th June, whilst visiting families in 'P' Street, I discovered a family with three children under 5 years suffering from Ringworm of skin and being treated by own doctor with ointment.

"I visited all the houses in this street and found some fifteen children and one adult with skin lesions, one child had a scalp infection.

"Some of the families had already consulted their own physicians and were having treatment. I visited a school and examined the children who lived in 'P' Street but could find no evidence of ringworm, although some of these children subsequently developed skin lesions. All the children were treated by their own doctor or the school clinic staff.

" Each family was advised about prevention of spread of infection and most of them co-operated, but this was not easy in a street where most of the families live in one room and have to share sleeping accommodation and washing facilities.

" Three dogs belonging to families in the street were taken to the Veterinary Surgeon and were treated for ringworm.

" In all there were twenty-four children and two adults infected. Some had a single skin lesion which cleared quickly and others had two or three lesions. When one cleared another developed. Skin scrapings were taken and found to be positive."

It is evident from this report that ringworm could rapidly spread within a community and that the closest co-operation should exist between the authorities responsible for the medical care of people and societies for the welfare of animals. Were it not for the Health Visitor insisting that the animals be treated as well, the outbreak no doubt would have spread, as animals are favourites with children. This is not very readily recognised generally.

(3) *Ear, Nose and Throat Clinics.* The Pre-tonsillectomy Clinic and the Ear, Nose and Throat Specialist Clinic continued to function during the year. Routine audiometric surveys were carried out in schools. Children requiring more detailed examination were referred for examination to one of the static clinics where an individual test with a pure tone audiometer was carried out. Children who still require more expert opinion were referred to Professor Ewing at the Manchester University Department of Education of the Deaf.

An enquiry into the number of children who have undergone the operation of tonsillectomy and adenoidectomy was continued during the year.

SCHOOL CHILDREN WHO HAVE HAD TONSILLECTOMY BEFORE ROUTINE MEDICAL INSPECTION—1957.

NURSERY		ENTRANTS		SEVEN YEARS		INTERMEDIATES		LEAVERS	
Examined	Tonsils and Adenoids	Examined	Tonsils and Adenoids	Examined	Tonsils and Adenoids	Examined	Tonsils and Adenoids	Examined	Tonsils and Adenoids
722	26 3·6%	2,464	214 8·6%	1,215	157 12·9%	2,167	408 18·8%	2,283	491 21·5%

Total examined	8,851
Number who had had operative treatment	1,296
Percentage	14·6

The percentages obtained in the various age-groups are very similar to those obtained in the previous year in that a little under 15% of all children have had the operation. During the year, 702 children had the operation of tonsillectomy and adenoidectomy, and 155 had other forms of operative treatment.

(4) *Orthopædic Conditions.* School children found on routine medical inspections to be suffering from orthopædic conditions continue to be seen by a specialist on the staff of the Regional Hospital Board.

(5) *Dental Clinics.* In addition to routine inspections and treatment, orthodontic services are provided. The clinic attended by the oral hygienist continues to function.

(6) *Chiropody Clinics.* Chiropody services are provided apart from routine inspections and examinations. Great emphasis is laid on the prevention of foot defects. It is apparent that foot defects are more prevalent amongst girls than boys, and the defects appear to increase with age in girls as compared to those of boys.

(7) *Diphtheria Immunisation.* The actual number of children immunised was less than last year. Part of this decrease in immunisation can be explained by the fact that we have carried out very extensive vaccination against poliomyelitis. The actual number of children under 5, however, who were given primary immunisation injections was higher than in 1956 so, for practical purposes, the protection of our children against diphtheria has been maintained. It will be noted, as in previous years, that only a very small proportion of the immunisations was carried out by general practitioners and that the bulk of immunisation was carried out in schools.

Summary of injections given January to December, 1957—5 to 15 years.

		Completed Immunisation.	
	Safety injections.	*A.P.T.*	*T.A.F.*
Schools	1,279	22	—
General Practitioners	8	—	1
Clinics	6	—	—
District	—	—	—
Totals	1,293	22	1

(8) *Vaccination of School Children against Tuberculosis.*

Summary of Children who have Received Post Vaccination Mantoux Tests During 1957.

Children who have had B.C.G. Vaccination during 1956 and have received a Post Vaccination Mantoux Test during 1957.

Number of children who had a Negative reaction	26
,, ,, ,, ,, ,, ,, Positive ,, ...	421
,, ,, ,, ,, ,, ,, Mantoux test but the reading was queried	—
Number of children who were absent from school during the tests ...	84

Children who have had B.C.G. Vaccination during 1957 and have also received a Post Vaccination Mantoux Test during the same year.

Number of children who had a Negative reaction	4
,, ,, ,, ,, ,, ,, Positive ,, ...	802
,, ,, ,, ,, ,, ,, Mantoux test but the reading was queried	1
Number of children who were absent from school during the tests ...	62

The scheme for vaccination against tuberculosis of school children age-group 13-14 years continued during 1957. Out of a total of 1,346 children whose parents consented to take part in the scheme, 869 were vaccinated and 267 children did not require to be vaccinated as they were positive reactors. This is disappointing, however, as the percentage of parents consenting to take part in the scheme was less than the number consenting in the previous year.

SUMMARY OF CHILDREN WHO HAVE RECEIVED MANTOUX TESTS AND B.C.G. VACCINATION DURING 1957

				First Mantoux Test					Second Mantoux Test							
	No.	Consents	Refusals	Positive	Negative	Did not attend	Did not attend for reading	Total	Positive	Negative	Did not attend	Did not attend for reading	Total	No. vaccinated	Did not attend	Total
Boys	1,222	631	591	56	337	36	24	453	68	416	20	11	515	409	7	416
Girls	1,156	715	441	69	360	46	17	492	74	465	37	7	583	460	5	465
Total	2,378	1,346	1,032	125	697	82	41	945	142	881	57	18	1,098	869	12	881

Poliomyelitis Vaccination. As a result of the Ministry of Health Circular 2/56 and the Ministry of Education Administrative Memorandum No. 522, arrangements were made to provide for the vaccination of school children who were between the ages of 2-9 years. The actual vaccination procedure consisted of two injections with a month's interval between. Vaccination was carried out throughout the year. There were no untoward incidents with regard to the vaccination in Salford. Ten thousand five hundred and sixty-eight injections were given as compared to 931 in the previous year.

POLIOMYELITIS VACCINATION, 1957—5-15 YEARS.

Number of invitations.	*First injections.*	*Second injections.*	*Total injections.*
14,387	5,444	5,124	10,568

(9) *School Children's Convalescence.*

One hundred and twenty-seven school children were sent for periods of convalescence during 1957.

Of this number 94 were referred by school medical officers, 21 were referred from hospitals (where the children were in-patients at the time of application), 7 were referred by general practitioners, 3 by Health Visitors and 2 by the Family Service Unit.

60 children were away for four weeks or less.
12 ,, ,, ,, ,, five ,, ,, ,,
40 ,, ,, ,, ,, six ,, ,, ,,
2 ,, ,, ,, ,, seven ,, ,, ,,
10 ,, ,, ,, ,, eight ,, ,, ,,
1 child was ,, ,, ten ,, ,, ,,
1 ,, ,, ,, ,, twelve ,, ,, ,,
1 ,, ,, ,, ,, over twelve weeks.

The Homes used, and the numbers of children sent to each, are given below :—

West Kirby Convalescent Home	16
Taxal Edge (for boys 9 to 15 years)	21
Ormerod Home, St. Annes-on-Sea	41
Margaret Beavan Home, Heswall	4
Boys' and Girls' Refuges Home, Tanllwyfan, Colwyn Bay	29
Hillary Convalescent Home, Prestatyn	6
Hilbre Nursing Home, Gwespyr	6
Swanscoe House, Macclesfield	2
White Heather Home, Colwyn Bay	2
Total	127

On the recommendation of the Orthopædic Surgeon, two spastic children went to the White Heather Home, Colwyn Bay, for two weeks each.

ENURESIS CLINIC.

The enuresis clinic continued to function during the year. Some of our more difficult cases of double incontinence are being treated at the open-air schools with gratifying results.

ENURESIS FIGURES FOR 1957.

Date	Boys			Girls			Boys and Girls	Discharged			Cases Remaining		
	New Cases	Old Cases	Total	New Cases	Old Cases	Total	Total	Boys	Girls	Total	Boys	Girls	Total
1957	17	178	195	14	180	194	389	28	23	51	167	171	338

EDUCATIONALLY SUBNORMAL CHILDREN.

Two hundred and sixty-one children were examined during the year, and the following recommendations were made :—

1.	Education in an ordinary school	67
2.	Education in an ordinary school with special education treatment	25
3.	Education in a Day Special School	88
4.	Education in a Boarding Special School	14
5.	Notified under subsection 3	6
6.	Notified under subsection 5	20
7.	To be re-examined in twelve months	41
	Total	261

	New cases.	*Old cases.*	*Total.*
Boys	151	37	188
Girls	55	18	73
Totals	206	55	261

Number of invitations sent to parents	341
Attended (77%)	261
Did not attend (23%)	80

EPILEPTIC CHILDREN.	*Boys.*	*Girls.*
Unclassified Epilepsy	17	9
Petit Mal	12	7
Grand Mal	3	2
Idiopathic Epilepsy	1	5
Cryptogenic Epilepsy	4	1
Psychomotor	1	—
Traumatic	1	—
Totals	39	24

There were 63 children on the epileptic register at the year ending 31st December, 1957. Most of these children have been investigated by Dr. J. S. Parkinson, the consultant neurologist. It is most important to confine the use of the word "epilepsy" as narrowly as possible especially in children, as much unnecessary treatment and social difficulty may be caused by the indiscriminate use of the term. In the early days an electro-encephalogram was taken to substantiate a diagnosis of epilepsy. It is now generally recognised

that a disorder in maturation may produce an abnormal result. The stabilising of these children from the point of view of actual fits is fairly complete in most cases with the modern anti-convulsant therapy available, but the question of controlling difficult behaviour in most of these cases is a problem. An important point is that borderline symptoms are so often connected with, or, at any rate, precipitated by emotional stresses. It may be that both the physiological and psychological symptoms are the expression of a common or basic mode of reaction of the organism to stress and, as such, it is important for us to take into account, in the educational treatment of the epileptic, the question of human relationships. Unfortunately this, in many cases, is by trial and error. It might be that an epileptic could be reasonably stable in one school and, on transfer to another school, behaviour problems might arise. This question is very evident in our reorganisation of secondary modern schools where children have been reasonably stable in their primary schools and, on transfer to the larger unit, have broken down. Fortunately, in Salford we have the services of a head teacher, at one of our open-air schools, who is sympathetic to the problem and so it was possible to arrange for difficult behaviour problems due to epilepsy to be suitably accommodated at the school. Further consideration might be given to this problem of behaviour and the question of transfer between ordinary schools might be a recognised form of treatment without any hard feelings between the head teachers or teachers of ordinary schools. If this problem is recognised then more and more children with epilepsy can be rehabilitated in ordinary schools.

AVERAGE HEIGHTS AND WEIGHTS, 1957.

	Average Age	Average Height	Average Weight	No. Examined
NURSERY				
Boys	4 yrs. 6·4 mths.	40·8″	38·7 lbs.	345
Girls	4 yrs. 6·2 mths.	41·1″	37·5 lbs.	321
ENTRANTS				
Boys	5 yrs. 8·1 mths.	43·6″	42·9 lbs.	1218
Girls	5 yrs. 7·2 mths.	43·2″	41·6 lbs.	1132
LEAVERS				
Boys	13 yrs. 11·3 mths.	61·1″	101·5 lbs.	1059
Girls	13 yrs. 10·7 mths.	60·7″	102·5 lbs.	1085
TOTAL				5160

DEATHS OF SALFORD SCHOOL CHILDREN, 1957.

Road or traffic accidents	2
By drowning	1
By burns	1
Suicide	1
Non-accidental	13
Misadventure	1
Total	19

Infectious and Notifiable Diseases Amongst School Children, 1957.

Measles, whooping cough, dysentery and scarlet fever appear to be the notifiable diseases causing most illness amongst school children. Fortunately, during the year poliomyelitis did not claim many victims.

	Boys.	*Girls.*	*Total.*
Scarlet Fever	31	31	62
Whooping Cough	45	54	99
Measles	277	211	488
Acute Poliomyelitis (Paralytic)	2	—	2
Acute Poliomyelitis (Non-paralytic) ...	1	1	2
Dysentery	45	43	88
Meningococcal Infection	1	—	1
Acute Pneumonia	9	8	17
Food Poisoning	5	5	10
Tuberculosis (Respiratory)	5	3	8

Acute Rheumatism.

New Cases Notified Each Year Since 1951.

1951	21	1955	19
1952	25	1956	16
1953	16	1957	26
1954	32		

On Register at 31st December, 1956	68	Removed from Register during 1957— Left Salford	4
Notified during 1957...	26	„ School	9
		Unconfirmed	1
		Balance	80
	94		94

The balance of 80 remaining on the Register at 31st December, 1957, is classified as follows :—

	Boys.	*Girls.*
Acute Rheumatism	26	28
Rheumatic Carditis	2	5
„ Arthritis	2	—
„ Chorea	1	3
Post Rheumatic Fever	6	7
Totals	37	43

Dr. D. W. Preston, School Medical Officer, reports on the problem of acute rheumatism as follows :—

Acute rheumatism or rheumatic fever is a disease which is now much less common than it used to be but it is estimated that at least 3,000 new cases of rheumatic fever occur each year in this country. The crude annual death rate from rheumatic fever fell from 67 per million in 1900 to 20·5 per million in 1940. Since 1940 there has been a fairly steady decline in the number of deaths, and in 1956 there were 208 deaths directly attributable to rheumatic fever in England and Wales—an all-low record. There were also

over 8,000 deaths due to chronic rheumatic heart disease in England and Wales in 1956, and most of these deaths occurred in persons under 35 years of age. Furthermore, non-fatal attacks of rheumatic fever may cause long-lasting disability due to permanent cardiac damage. These facts show that the disease is still one of great importance as a cause of death and disability in the younger age groups of the population, and therefore the prevention of rheumatic fever is an important public health problem.

It is now generally recognised that the disease is always preceded by a group 'A' hæmolytic streptococcal infection such as scarlet fever or tonsillitis. Any type of group 'A' hæmolytic streptococcus may be responsible, and it has been estimated that in the general population, 2·4% of untreated streptococcal infections are followed by rheumatic fever but, among those with a previous history of the disease, as many as 50% of untreated streptococcal infections may be followed by another attack. Moreover, the extent of permanent cardiac damage appears to be roughly proportional to the number of attacks of rheumatic fever, and therefore the prevention of recurrent attacks is very important.

It is now known that if in patients who have had rheumatic fever, fresh streptococcal infection is prevented over a prolonged period by the continuous administration of penicillin or sulphonamides, the rheumatic fever recurrences to which these patients are particularly liable can also be prevented. It has also been shown that if streptococcal infections are promptly treated with adequate penicillin intramuscularly, the chance of the patient developing an initial attack of rheumatic fever can be reduced by as much as 96%. Optimum results are obtained when penicillin treatment is started within 48 hours of the onset of the infection. Sulphonamides are of no value as they are bacteriostatic and not bactericidal.

Acute rheumatism is now notifiable to the Medical Officer of Health in Salford and in several other areas of England and Wales under the Acute Rheumatism (Amendment) Regulations, 1958. In these regulations, " acute rheumatism " means the following conditions occurring separately or together in a person under the age of 16 years :—

(i) rheumatic pains or arthritis accompanied by a rise of temperature ;
(ii) rheumatic chorea ;
(iii) rheumatic carditis ;
(iv) valvular disease of the heart of rheumatic origin.

The annual notification rate in Salford has always been higher than the corresponding rate for all notification areas, as the following table shows :—

ANNUAL NOTIFICATION RATE PER 10,000 CHILDREN.

Year	Rate in Salford	Rate in all Notification Areas
1951	5-2	2-6
1952	5-5	2-6
1953	3-1	2-9
1954	6-2	2-8
1955	3-8	1-2
1956	3-3	—

This result is to be expected, considering that some of the notification areas are rural areas, where rheumatic fever is likely to be less common than in densely populated and overcrowded urban areas, in which streptococcal infections have more chance of spreading. The higher Salford rate may be partly due to a higher standard of notification.

After notification the diagnosis must be confirmed or rejected by a consultant. Definite cases of rheumatic fever which have not been notified at all are still being discovered by the School Health Service, and this shows that our system of notification is not working as well as it ought to do.

A survey has recently been carried out in Salford on 17 notified and confirmed cases of acute rheumatism. The age of onset of the first attacks of acute rheumatism ranged from 4 years 10 months to 13 years 8 months, the mean age of onset being 8 years. Twelve of these 17 children had only had one attack of rheumatic fever, two children had each had two attacks, two children had each had three attacks, and one child had had more than three attacks.

Eleven of the 17 children had no apparent cardiac damage, and 9 of these 11 children had only had one attack of rheumatic fever. Of the remaining 6 children, 2 (who had at least three attacks of rheumatic fever) had severely damaged hearts and 4 had some heart damage.

It is not very satisfying to have to record that only 6 of the 17 children (35%) were receiving prophylaxis when interviewed. Of these 6, 4 were receiving oral penicillin, 1 was receiving monthly injections of benzathine penicillin, and 1 was receiving sulphonamides. In addition to these 6 children, 4 others had been having prophylaxis but had discontinued it. The remaining 7 had never received prophylaxis.

Of the 5 children who had had one or more recurrences of rheumatic fever, 3 were receiving prophylaxis. At least 2 of these 3 did not start this treatment after the first attack of rheumatic fever.

The proportion of Salford children receiving prophylaxis compares very favourably with that which has been reported as receiving prophylaxis in other parts of the country. Salford appears to be leading the country with regard to rheumatic fever prophylaxis, but even in Salford there is considerable room for improvement.

If all rheumatic children were given prophylaxis against recurrent attacks of the disease, then rheumatic heart disease would be virtually eliminated.

School Health Visiting

The work of the School Health Visitor is, theoretically, very wide in scope. Her function is to supervise the physical, mental, emotional and social health of the school child ; investigate and follow-up outbreaks of infectious diseases in school children ; act as liaison between school, home, and School Health Service ; teach health, individually and in groups or classes ; give talks to Parent/Teachers Associations ; be concerned with the promotion of an all-pervading health programme throughout the whole school ; be available for advising in connection with school meals, cloakroom and sanitary arrangements, first-aid ; and to give information authoritatively about current health

trends and needs, *e.g.*, Mass Miniature Radiography, B.C.G. vaccination, poliomyelitis precautions, etc., to staff and pupils, and so on.

The old concept of the School *Nurse*, however, dies hard. Head and general cleanliness inspections, treatment of minor ailments, " assisting " the School Medical Officer at routine medical inspections ; conducting vision tests, etc., are still often considered by teachers, doctors and, alas, some of the less progressive health visitors themselves to be the proper function of the more highly trained School Health Visitor. A few teachers look upon the School Health Visitor's visits as something to be endured rather than welcomed, to be fitted in at odd, irregular times as the teaching curriculum permits rather than included as an essential and planned feature of school life. Accommodation offered varies from a well equipped medical room to the corner of a classroom, screened by a blackboard, a corridor or the children's cloakroom. Many head teachers offer their own office, or staff room ; generally speaking, however, the majority of schools have poor facilities for school health work. In at least two schools accommodation is so limited that routine medical inspections have to be conducted away from the schools altogether. In these cases, an attendant or a nurse is detailed to fetch the children from school and accompany them to clinic premises for the examination and later escort them back to school.

Efforts to relieve the school health visitor of tasks which can well be carried out by lesser qualified staff have been most successful when applied to clinic work. Not for many years have health visitors been used to staff minor ailments and other school clinics. The delegation or relegation of duties in the schools themselves, however, is more difficult to arrange on a permanent basis. Clinic relief work in cases of illness, holidays and staff shortages takes precedence and few School Health Visitors can rely on the regular services of either Clinic Nurse or Hygiene Attendant. To be really successful the School Health Visitor and ancillary worker should work together as a team, both being familiar with teaching-staff and children. A satisfactory working relationship between the two can only be built up over a period of time spent together but until this is possible, on a larger scale than at present, there is bound to be a certain amount of misuse of Health Visitors' time.

Little change took place in the routine work of Health Visitors and Clinic Nurses throughout the year, apart from an effort to carry out more frequent vision tests than in former years. Almost half the school entrants were tested by the illiterate "E" method, the children concerned being too young to read the letters of the alphabet on a Snellen Test Chart. Wherever possible tests on other children were carried out at eight, ten, twelve and fourteen years, and at a later age where children remained at school after their fifteenth year.

Two thousand four hundred and twenty-five children were referred for further examination to the school ophthalmologist, who found some 1,750 to be in need of spectacles.

Annual health surveys were conducted in all schools ; routine hygiene inspections were held each term, and an increased number of Health Visitors arranged regular weekly visits to the schools in their areas. Full advantage was taken of these opportunities to give individual and group health talks to the children.

Infestation. The excellent results of the 1956 experiment with the special medicated shampoo (described fully in the Annual Report for that year) led

to its further regular use during 1957. The percentage of individual children infested fell from 17% in 1956 to 4·5% in 1957, the lowest annual figure ever recorded in the history of the Salford School Health Service. Many of the children included in the 4·5% were only lightly infested and on one occasion only. The hard core families are very difficult to treat ; all were completely disinfested from time to time, but became re-infested by relatives and playmates from outside Salford. A problem family with five children who had remained free from infestation for nine months, had this good record broken when relatives from Ireland arrived and re-infested all.

Nursery Schools and Classes. Daily visits to nursery schools and weekly visits to nursery classes were arranged where possible—nursing or auxiliary staff also attended medical examination of the children. Head infestation, formerly appallingly high in some instances, was outstandingly low. Great Clowes Street, Hulme Street, Kara Street and London Street Nursery Schools being entirely free from infestation. Cook Street (5%), Greengate Open-Air School (5·5%), and Markendale Street (6%), however, are above the average for primary and secondary schools. Before the advent of the shampoo it was not uncommon to find 30% or 50% of children infested.

Open-Air Schools. These schools are visited every day. Minor Ailments are treated daily by a Clinic Nurse who also carries out vision and other tests, and assists the doctor at medical examinations. Because the children attending come from all parts of Salford it is not practicable for Health Visitors personally to visit such schools ; the Clinic Nurse therefore acts as liaison between the schools and the Health Visitors in whose areas the children live.

Minor Ailments Clinics. The number of clinics held, either on clinic or school premises, remained unchanged. The Mobile Clinic was again used to full capacity.

School Medical Inspection of the Nursery Classes.

Dr. M. Maxwell-Reekie reports :—

During 1957, the children " under 5 " in four schools have again been visited regularly.

	Visits.	*Children.*	*Boys.*	*Girls.*
Nashville Street	6	101	53	48
Ordsall	7	120	69	51
Trafford Road	7	130	67	63
St. John's R.C.	6	92	57	35
Totals	26	443	246	197

Most of these children have been seen twice during the year but a small number only once and a few three times.

A total of 511 defects were found but 115 children had no defect at all. Only 18 children were " unsatisfactory," and the same child is rarely classed as such twice, which indicates that the condition was a passing one and not of long duration. Of the 148 cases of dental caries most of these are found time after time in the same child, indicating that the parents have done little about the condition. Of 23 cases of strabismus, all except one had already had treatment and were wearing glasses. Three children were thought to have some hearing defect and have been referred for a test.

Enlarged tonsils and cervical glands contribute 103 and 80 respectively of the total defects found.

In spite of this the general health of the children is good. They are bright, happy and most co-operative. It is particularly interesting to note the change in behaviour from the shy and sometimes apprehensive child at the first inspection to the smiling, talkative child when seen a second time.

The mothers, too, are appreciative of the care and interest and are anxious to discuss their problems.

The Ear, Nose and Throat Clinic

Mrs. Florence Cavanagh reports :—

One session per week was held and it is gratifying to record that nearly all patients invited to the Clinic attend.

Dr. Wiseman has continued to assist Mrs. Cavanagh and has been paying special attention to those children who suffer from " running ears."

A separate clinic was started for this investigation about two years ago. In spite of modern treatment with antibiotics we, in Salford, still see large numbers of discharging ears. Such ears present two problems—one to cure the disease, and the other to improve the deafness which has developed. Fortunately, modern surgical techniques (using an operating microscope) are leading to much better results.

The pre-tonsillectomy clinic continues to be run jointly by the Aural Surgeon and a Pædiatrician (Dr. Margaret Griffiths). It is pleasing to report that the waiting list for operations on tonsils, adenoids or sinus infections is now very short—a matter of a week or two. Unfortunately, since the Aural Surgeon only holds one clinic per week, there is often delay before the initial consultation. We may, however, soon have an Aural Registrar and this would give us a further session at which to see children who have been referred for an opinion on the tonsils, etc.

The most satisfying item to be reported this year is the opening of a second class for partially deaf children. The first class was started in 1948, and Mr. Tordoff, who has been in charge of this class since its inception, has done wonderful work with the children—in spite of the difficulties of dealing with ten youngsters whose ages vary from 5 to 15. Now that a second class is to be formed, this wide age span will be reduced and the pupils will benefit by receiving more attention.

The special study of a group of Salford's deaf children by Mrs. Cavanagh and Professor Ewing will continue for some time. At first the project was intended to cover two years—but it is obvious that much more can be learnt if the children are studied intensively for several years. The new Transistor Hearing Aids will be available for deaf children in a few weeks and these will be of inestimable value. They are so much smaller and lighter that we hope children will be more willing to use them—the size and weight of the old ones caused much trouble.

Ophthalmic Clinic

Dr. J. Scully reports :—

The work of the Ophthalmic Clinic has continued during the year. Effort is made to test the vision of every child as soon as possible after entry into school. If the child is unable to name the letters on the test card use is made of a special test card which is designed for non-readers. All children who do not pass these tests are referred to the Ophthalmic Surgeon for his opinion.

The prescription of glasses for young children suffering from hypermetropia (long sight) is deferred until the child is finding difficulty with close work, but when a higher degree of hypermetropia is found, and especially with astigmatism, a correction is frequently ordered, although little close work is being done by the child.

Recently, in the treatment of amblyopia (dimness of vision) in squint, attention has been directed to the more accurate recognition of central and eccentric fixation. To facilitate the estimate of such fixation a Visuscope has been acquired and this is used at the time of the refraction under a mydriatic. By this means the type of fixation may be recognised in the new cases of squint and in the older ones which have not responded to normal occlusion.

School Dental Service

Mr. W. C. Parr reports :—

This year has proved fortunate in that no great staff loss has occurred and the somewhat reduced sessional availability of staff (commented on last year) has been maintained. Our ability to maintain the service at the present level is due entirely to the services of the various part-time officers.

In an endeavour to make the service as widely available as possible the various clinics have been made responsible for the treatment of a number of schools geographically most suited for this purpose, and inspection and treatment are carried out in rotation. No attempt is made to establish a frequent rate of inspection and treatment for any particular school or age group. As far as is practicable the treatment accruing from any school inspection is completed before a further inspection is carried out. Whilst there is some variation in the periodicity of inspection at the various clinics, too frequent adjustment of the respective clinics responsibility for schools is avoided as far as possible in order that the children may maintain their treatment at the one clinic. For children receiving treatment for whom it is considered more frequent supervision is required, a system of six-monthly re-invitation is maintained by their respective clinics.

Routine inspection of some 13,600 children was carried out during the year, roughly one half of the children of school age in the city. These inspections are used simply to find out which children are in need of treatment and very broadly to indicate the type of treatment necessary, no attempt being made to assess the relative dental fitness of the child.

Figures shown in Table V, as referring to the number of children for whom "special inspection" has been carried out, are explained by either the children attending the clinics with toothache or who are seen on the express wish of the School Medical Officers, Health Visitors, Speech Therapists, etc.

The level of conservative work has shown a further small increase during the year. A slight increase in the number of permanent teeth extracted is recorded and in this connection it should be pointed out that symmetrical extractions are frequently carried out for prophylactic measures as a matter of policy. A rearrangement of anæsthetic sessions now means that there is at least one every weekday at one of our clinics when full staff is available, but the continued heavy demand of casuals for general anæsthetics still means small pockets of waiting lists from time to time.

The year has shown a slight deterioration in the position with respect to orthodontic treatment. Due to other demands on her services, Mrs. Jackson found herself unable to devote as much of her time to this service as previously and, regrettably, has tendered her resignation in order to take up a teaching appointment. We take this opportunity of expressing our gratitude for the work she has done over the past three years. Faced with a delay of approximately one year before specialist treatment was possible, it was necessary to close the waiting list for a short time until her successor, Mr. Senior, is able to take over. In these circumstances it is disappointing again to have to comment on the fact that a number of cases had to be discontinued during the year, because of failure of the patients to co-operate in one form or another. Every effort continues to be made, both by the dental officers and the consultant orthodontist, to ensure that the selection of patients for orthodontic treatment will prevent them from commencing treatment unless they intend to carry it through to a successful conclusion. The nature of requirements are explained fully both to patients and parents before treatment and one hopes that this insistence will bear fruit in future. For a number of children it has been possible to correct irregularities simply by extraction, and, where no appliance has been worn, the children have not been listed as orthodontic patients. Patients are kept under observation, after their immediate irregularities have been corrected, until such time as a relapse is considered not to be a possibility.

Seventy-six children were supplied with dentures during the year. In the main, these were of the one or two tooth type made to replace upper incisors knocked out or broken in a variety of mishaps. A few were of the more extensive type resulting from the patients' neglect to have conservative treatment previously. Wherever possible it is the policy to fit all dentures immediately following extractions and never to supply any dentures until all other necessary treatment has been completed. In a few selected cases it has been found possible to repair broken teeth by the fitting of acrylic jacket crowns, but it is regretted that, frequently, broken teeth are not seen soon enough after fracture but are usually only reported some time afterwards when alveolar abcesses are forming.

Some 1,100 children were treated by the oral hygienist. These children, referred to her by the dental officers, are often in the older age groups and in need of scaling and occasionally are given treatments over a period of a few days. Having had their mouths put in a healthy condition and been instructed in the maintenance of that condition, they are discharged and recalled after a period of six months.

Every effort is made to obtain parental co-operation in this work. It is the practice of the dental officers to take the oral hygienist with them on school inspections to give both group and individual talks on hygiene to the scholars old enough to understand them. We are grateful to the teaching staffs for their co-operation in this matter.

The effort to persuade and encourage children to keep their mouths in a clean condition cannot be overstressed. The incidence of dental disease is by no means decreasing and the problem of coping with it shows no prospect of a solution. In view of this it is regrettable to observe an increase in the numbers of younger children who are eating biscuits, etc., with their school milk and whose mouths bear witness to this for the remainder of the day.

Chiropody

Mr. Franklin Charlesworth, Consultant Chiropodist, reports :—

The Annual Report this year is somewhat more ambitious than previous ones inasmuch as it is based upon the collated reports of the past twelve years. The object is to survey the findings and correlate them to a practical clinical approach in prevention and correction. As preventive medicine today is a number one priority, foot examinations and surveys play a valuable part in establishing definite trends and ætiological factors. The establishment of the Foot Health Service for school children in Salford was based upon a preliminary survey of some 5,000 children which was initiated by the Principal School Medical Officer. This survey was carried out during 1946/47, the object being to ascertain the general standard of foot health on commencing school and the degree of deterioration during school life. For the purpose of the survey three standards were set : (*a*) normal ; (*b*) slight defect ; and (*c*) marked defect requiring treatment.

Comparing the figures for the school entrants, age-group 4-6, with those for school-leavers, age 13-14, the percentage of very badly-fitting shoes (those at least two sizes too small) were fairly constant. Entrants 6·2%, leavers 5·6%. The incidence of defects in the feet, however, were much higher in the older children in each type of defect. On entrance no child was found with any marked defect of the metatarsal arch or nails. Corns and callosities were very few, and none were of a serious character, whilst no case of verruca was noted. Amongst school-leavers, however, the incidence of metatarsal defects was 1·9%, nail defects 0·6%, verruca 1·4%, corns and callosities 2·3%, under classification of marked defects. Hallux Valgus rose from 0·4% in school entrants to 4·2% in leavers. Weakness of the longitudinal arch analysed to only 0·4% on entrants compared with 3·8% on leavers, these figures relating to serious defects only. Comparative tendencies were shown in the slight defects except in two instances where the deterioration was exceptionally marked, for instance, corns and callosities from 2·4% to 11·9%, whilst in the case of Hallux Valgus there was the astonishing rise from 6·6% to 26·4%. Another important finding was that the proportion of children with perfect feet on entry was 62·4%, but had deteriorated to about only half, 33·4% on leaving.

On investigating the fitting of shoes it was found that 26·9% of the girls and 22·3% of the boys were wearing shoes one size too small. This, however, was not a serious matter in the case of growing children as it still left one size of clearance. It was, however, found that 10·3% of the girls and 5·4% of the boys were wearing footwear at least two sizes too small meaning, of course, that there was no toe clearance at all in these cases. In considering the condition of the footwear, investigation revealed that 12·1% of the girls, 13·6% of the boys, had shoes in poor condition, and 4·8% girls, 8·5% boys, had shoes in a very bad state of repair.

The marked deterioration in the condition of children's feet during school life shown by the above survey established the necessity for both preventive and corrective measures.

Over the years from 1947 to 1957 gradual development of the Foot Health Service has taken place. Three clinics were established, evenly distributed through the City to cope with cases referred for treatment from the schools as a consequence of foot surveys and examinations, and cases referred by school medical officers and health visitors. Commencing with one session per week the service has now grown to eleven sessions per week, employing three part-time chiropodists, and this is by no means adequate to cope with the demand. As Consultant Chiropodist I have carried out a regular weekly survey going systematically through the schools. This service could not be extended as it had to be kept in line with the capacity for treating cases referred. The collective figures for 1946-47 are 5,101. For that survey I was assisted by a team of senior students from the East Lancashire Foot Hospital School of Chiropody. Subsequent surveys were carried out with the assistance of a clerk. I think the latter system is the better method as by the examination being carried out by only one person a consistency of standard is maintained, thus contributing towards greater accuracy in the ultimate findings.

From 1948-57, 24,331 were examined as follows :—

1948	1,253
1949	1,009
1950	1,169
1951	1,338
1952	3,532
1953	2,092
1954	3,619
1955	4,733
1956	2,510
1957	3,076

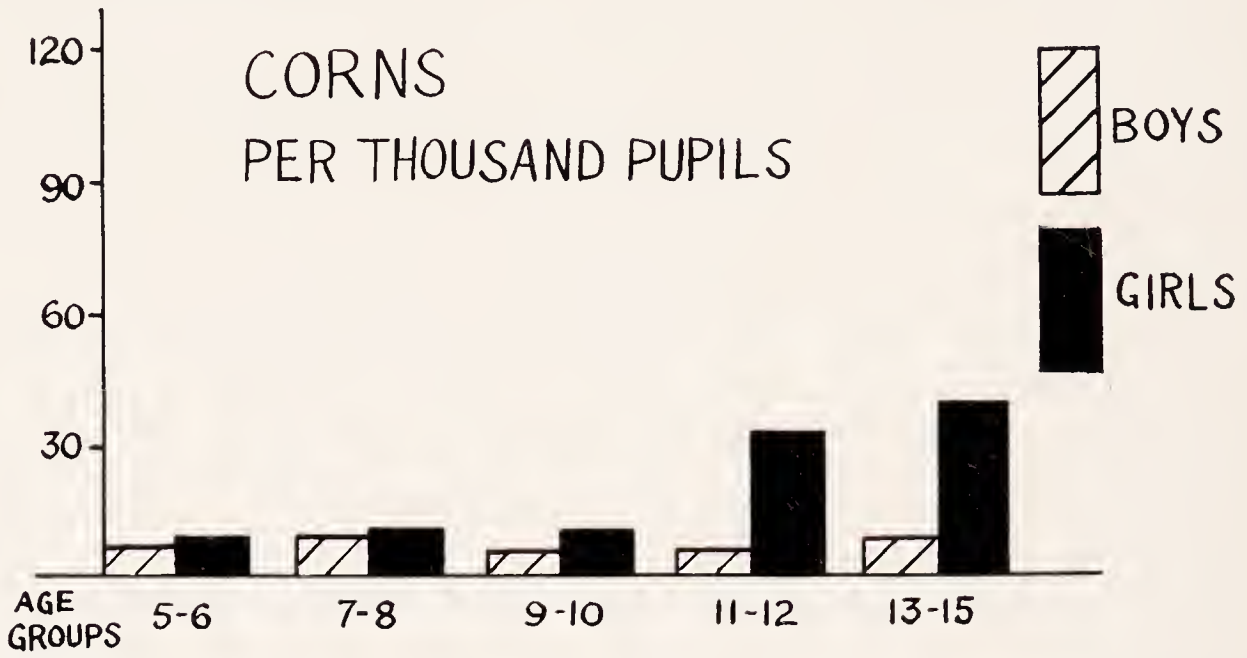
The total including the first survey being 29,432.

Whilst annual reports have been rendered each year containing a statistical report, it is interesting to consider the collated findings resulting from the examination of nearly 30,000 children. The reason why I consider this is important is that one frequently sees conclusions arrived at on the basis of small surveys. Whilst this may be useful in considering very rare conditions, surveys, in general, if they are to serve a useful purpose, should be based upon very large numbers.

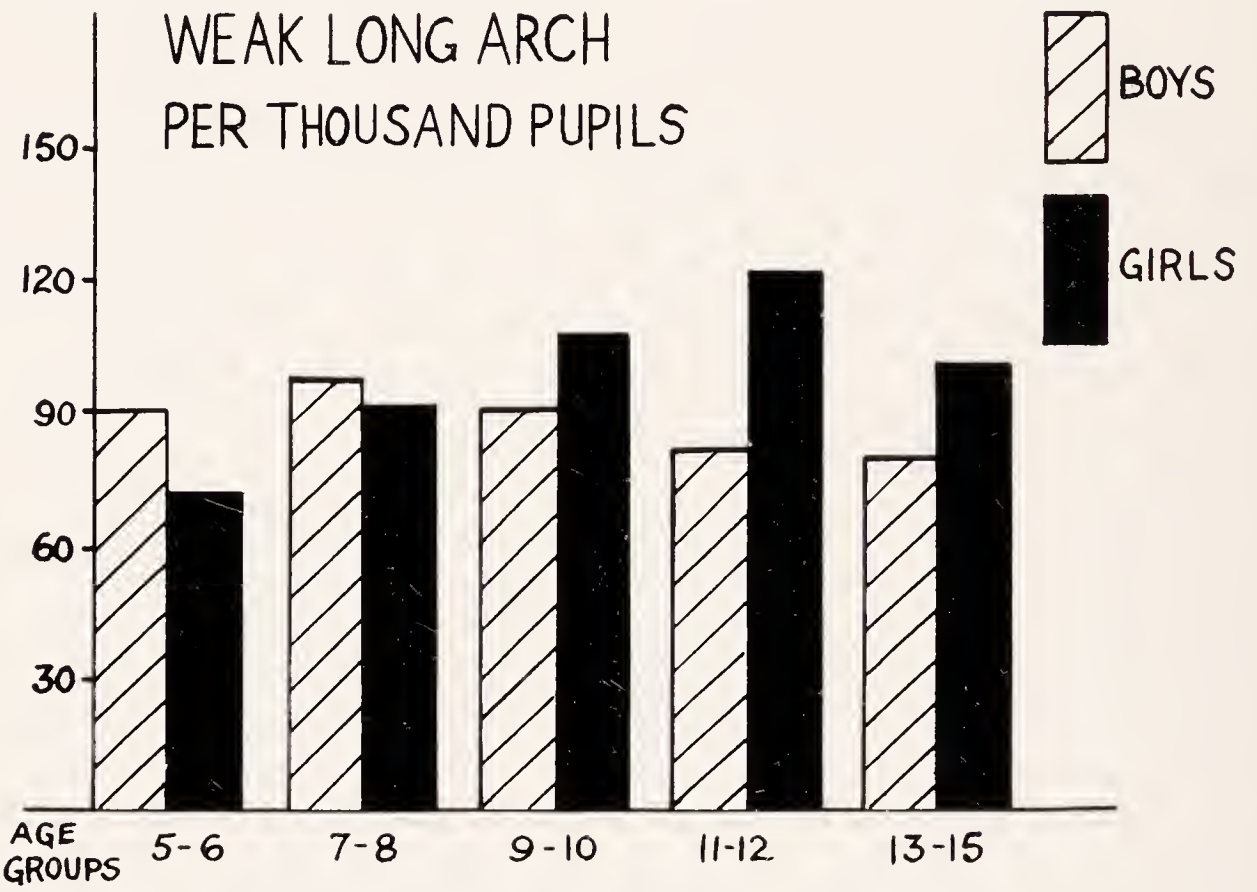
In dealing with the collated figures of my own surveys it is interesting to note certain factors. For instance, when one visits the clinics and observes the considerable number of children receiving treatment of verruca pedis, one may be inclined to consider this looming up as a serious problem, but when one places this lesion in proper perspective, one finds that on the basis of the twelve years' survey the percentages are as follows : Age group 5-6—only three boys were found to have verruca, amounting to 0·07%, and one girl, amounting to 0·02%, or collectively for the group 0·05%. In the remaining age-groups the collective results were as follows : 7-8 = 9 = 0·15% ; 9-10 = 39 = 0·80% ; 11-12 = 44 = 0·93% ; 13-15 = 27 = 0·94%.

The total number of children found with verruca during the school examination was 123 or 0·42% of the total children examined. Another

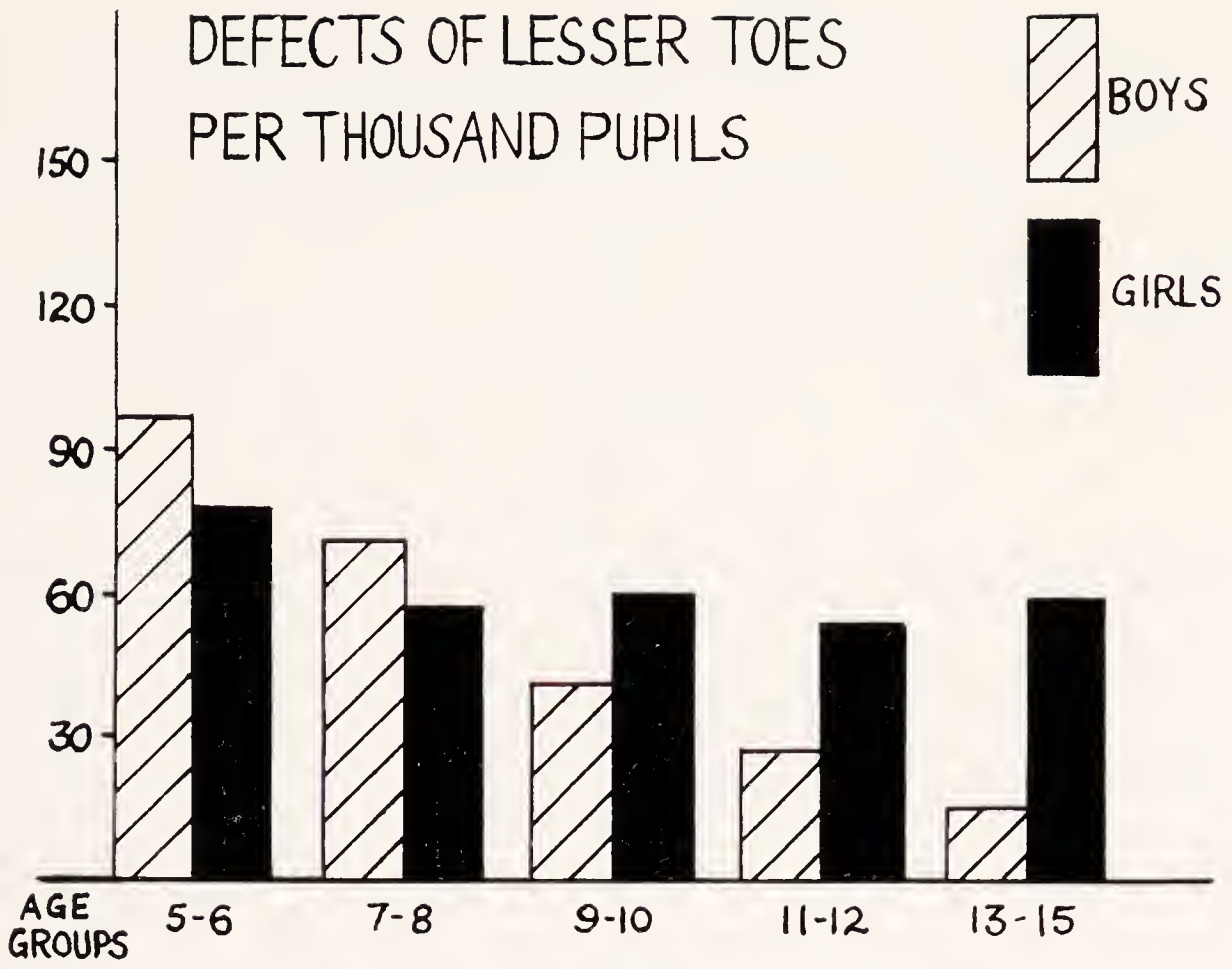
interesting factor which emerges is that 1·12% boys were discovered to have corns in the age-group 13-15, 2·60% of girls were found affected in the same age-group by these lesions.



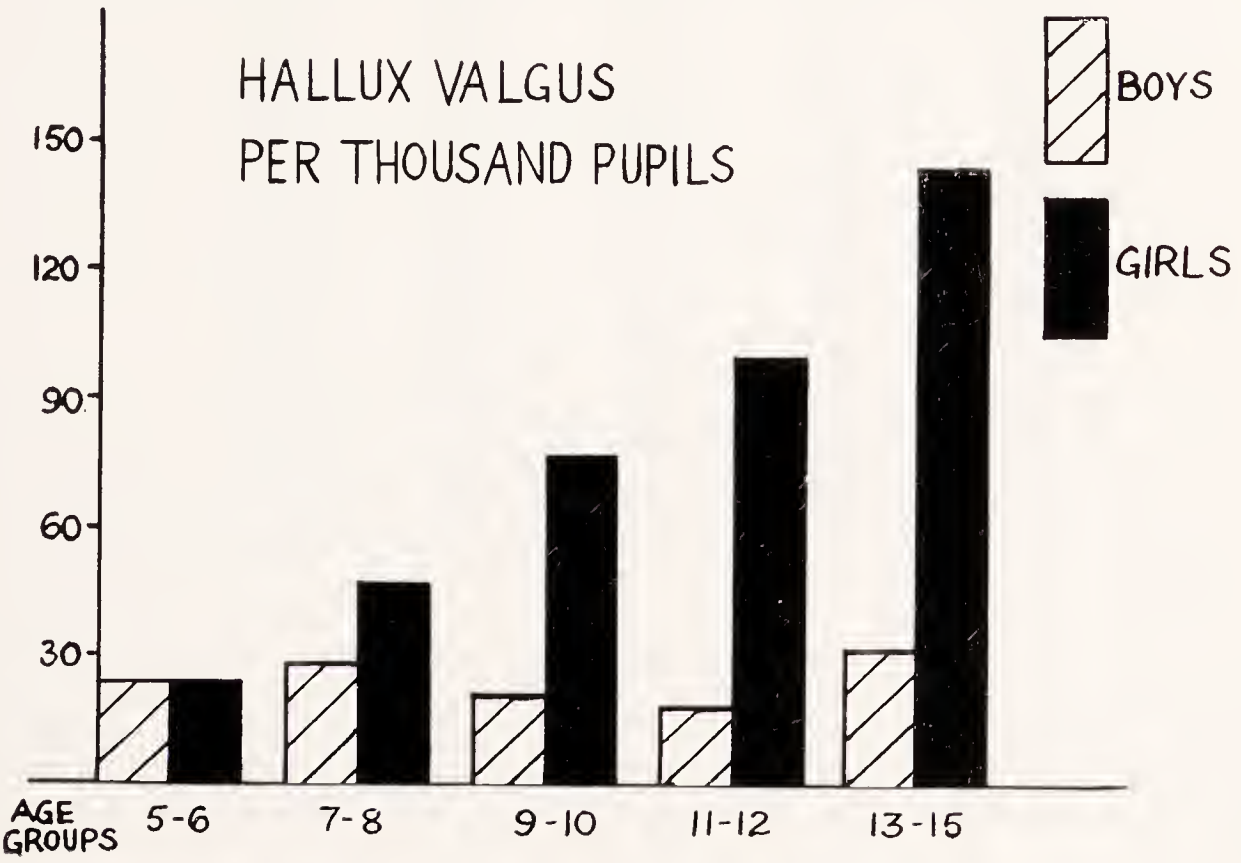
Of the total number of children examined in all age-groups, 2,723 had marked weakness of the long arch amounting to 9·22%. This is very substantial, and one of the commonest defects found in children. On assessing the various age-groups it was found that there was a fairly even balance. The variation at no point exceeding little over 2%.



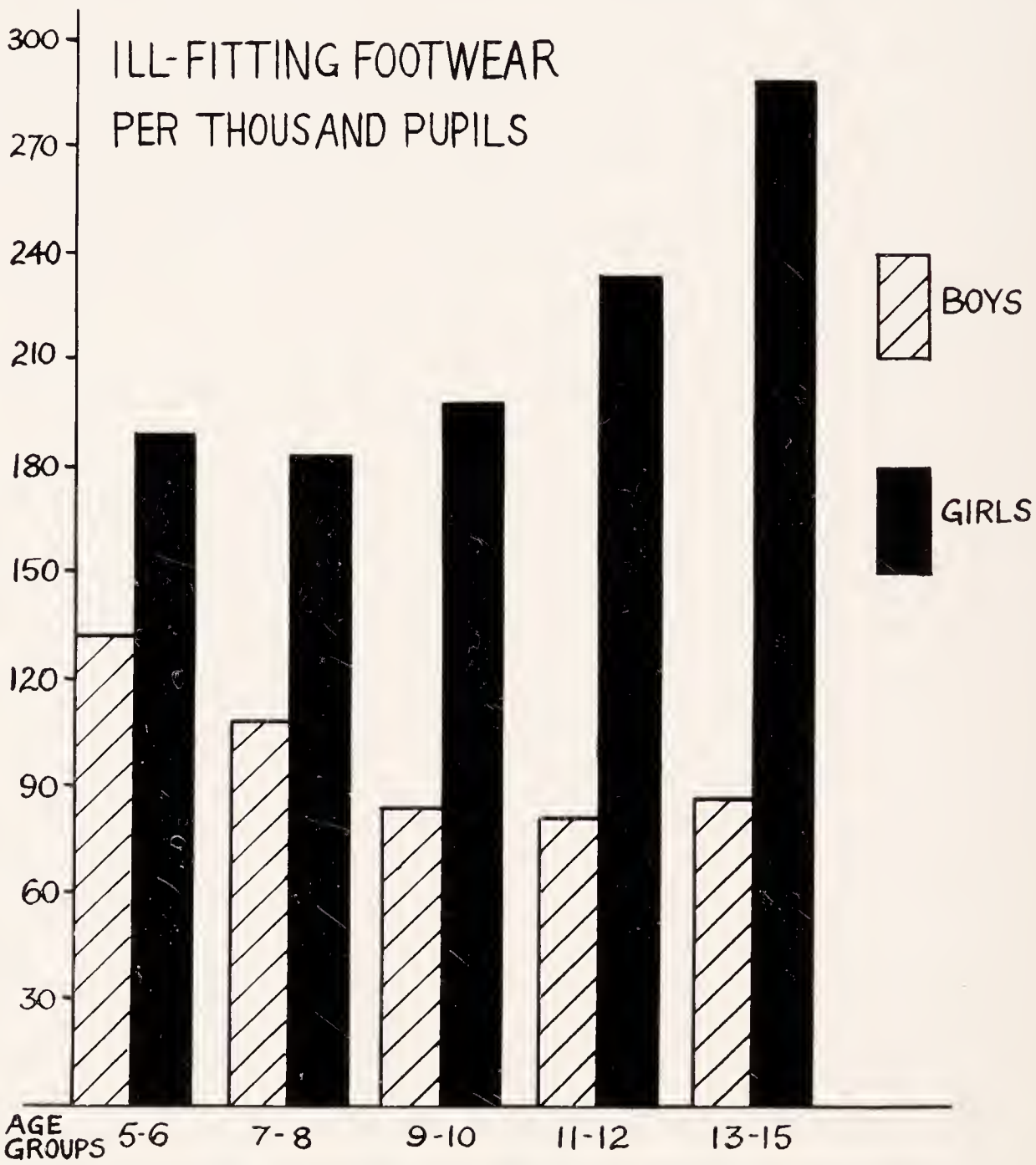
In the case of defects of lesser toes it is interesting to note that in the age-group of 5-6 there is a slight increase of boys over girls, 9·68% boys, 7·81% girls. The variation in this age-group cannot be regarded as significant, as both boys and girls wear similar footwear. That the percentage is, nevertheless, substantially high is accounted for by the fact that the wide articular spaces in the joints of young children allow considerable distortion without serious discomfort. It will be noted, however, that at the ages from 9-15 there is a distinct decline in the percentage of defects in the case of boys, dropping (in the 13-15 age-group) to 1·54%; whilst in the case of girls it is retained at the substantially high level of 5·91%, practically 6%. The deterioration in the shape and design of girls' footwear covering these age-groups undoubtedly accounts for this.



Another significant difference between girls and boys is noted in the case of Hallux Valgus. In the age-group 5-6, boys and girls are almost identical in the percentage of defects, 2·40% and 2·39% respectively. In the case of boys, there is an increase in the 13-15 age-group, which stands at 3·17%. In the case of the girls, however, there is a continuous persistent rise from the age of 7-15, where as in the 13-15 age-group it stands at 14·5%. I think that the best way of giving the answer to this problem, as to how it affects the girls, is to study the figures covering the degree of accuracy in the fit of footwear. In the case of boys, there is a steady fall in age-groups 5-10, where it stands at 8·56%, this remaining more or less static up to the age of 15, where as in the age-group 13-15 it stands at 8·61%. In the case of girls, however, the figures are very significant, commencing at 18·89% there is a constant rise reaching the alarming figure of 28·9%. This is showing a shortage of at least two sizes or over in footwear. If this is coupled with the unsuitability of shape and design I think the true answer is provided.



In discussing the unsuitability of girls' shoes one must first consider the vogue for casuals extended over a considerable period of time. These loose, low fitting shoes provide no support for the young foot. The foot is not held back into the heel of the shoe by any form of lacing, the tendency being for the foot to slide forward into the fore part of the shoe. In such footwear the hallux develops a valgus deviation and the lesser toes are forced back into a clawed or retracted position. This type of footwear provides no bracing whatever for the instep, allowing an inward rolling of the medial arch to take place without restriction. Another form of footwear worn by teenage girls for a considerable time is the sling-back. Shoes many sizes too small are frequently worn in this design of footwear. The heel of the foot protruding over the heel of the shoe, whilst the toes are bunched together in a distorted mass in a meshwork of leather strappings. To complete the dismal " Rake's Progress " in the footwear of teenage girls one arrives at the ballerina shoe, which is a canvas, synthetic suede, or velvet upper and a fused rubber sole. They are so shallow in construction that the only hope of retaining them on the feet is to wear shoes at least two sizes too short. These, coupled with the wearing of tight-fitting conical-shaped hose, in the case of the older teenagers, results in the alarming statistical finding previously referred to.



Parallel with the above statistical findings a report of the past six years, covering a total of 19,562 children, revealed the following : that 0·53% of the children examined showed a hallux varus deformity, whilst it was interesting to note that pes cavus, mainly congenital in origin, was noted in 1·85% of

children. Quinti varus (overlying fifth toe) occurred in 0·42%, Hallux Flexus in 0·17%, short first metatarsal 0·19%, web-toes 0·37%. Some 1% of children were found wearing rubber wellingtons in the summer, whilst approximately 3½% were wearing plimsolls or sandals in the winter. These latter two factors were investigated because the detrimental effect of rubber footwear in summer constituted a definite link in the upward trend of tinea pedis. Plimsolls and sandals in the winter are indeed most unsuitable footwear for this period of the year. Most of the children wearing this form of footwear out of season were found to have feet cold and clammy, and legs and feet cyanosed. Three and a half per cent. is a substantial number and steps to discourage this practice should be taken promptly.

Having collated our statistical findings I propose to outline the measures taken to deal with the various defects also to establish and maintain a generally high standard in the foot health of the school child. The first step is to establish a system of preventive measures in the hope of eliminating many and substantially reducing the numbers in the more prevalent defects. This is best achieved by educating both the child and parent in the simple rules of foot hygiene, and in the case of parents, disseminating sound advice on the choosing of children's footwear.

The wearing of plimsolls other than for gym. should be discouraged, even for this purpose this form of footwear should not be interchangeable and should be individual to the child. This will be a useful measure in countering tinea pedis, a condition which has shown a distinct upswerve coincident to the increase in the use of rubberised and plastic footwear. The wearing of rubber wellingtons in the summer should be discouraged for the same reason.

In the case of foot hygiene this can best be dealt with by talks in the schools, such talks being given by a teacher, health visitor or chiropodist. The following simple rules of hygiene should particularly be emphasised : the daily washing of the feet—warm water, a good antiseptic soap—it is important that the feet should be thoroughly dried, particularly between the toes. A little powder sprinkled in the interdigital spaces will assist in absorbing any remaining moisture and thus prevent friction and maceration between the toes. Socks should be changed frequently as is reasonably practicable. To ensure that there is ample toe-room a good guide is to have an inch of spare clearance of children's socks to allow for the push back which occurs when the shoe is being placed upon the foot. Shrunken hose contributes substantially to hallux valgus deformity and defects of the lesser toes. Woollen hose is more suitable than cotton as it is more springy and stretches more freely and does not become stiff and hard as in the case of cotton hose when it becomes saturated with moisture.

As it has been established that footwear faulty in fit and design plays a major part in minor defects in the feet of children, it is essential that the fullest possible advice should be available to parents on the correct fitting and suitable types of shoes for children. Just as human beings in general vary in type so do the feet of children and we have the long slender foot and short broad foot, and if their feet are to be correctly clothed the size and fitting of the child's shoe should be correctly related to the type of foot. It is, therefore, advisable that the shoes should be selected from footwear which has a range of fittings as well as sizes. A simple rule by which the correct size of shoe can be related to the child's foot is by the use of the standard

size stick. The shoe should be two clear sizes above that indicated on the size stick when the foot is measured weight-bearing. A shoe fitting correctly from heel to ball, which laces well up the instep, will ensure the heel of the foot is retained in the heel seat of the shoe and will not creep forward. It will also ensure that the ankle and instep are firmly braced and supported. If a proper natural-form last is chosen freedom for the toes will be ensured. Stability of the child's foot is further assisted if the shoe has a flared heel. Information of the above type is freely available in several pamphlets that have been published from time to time by the Foot Health Bureau and the Shoe and Leather Research Association. These are issued to interested parents and prove an invaluable guide in the choosing of footwear for the growing child.

In concluding my remarks on footwear I would suggest that where rubber or composite soles are chosen the insoles should be of leather, as this absorbes the aqueous and toxious matter excreted from the pores. Where the insole is of plastic or rubberised construction this toxic excretion tends to condense, keeping the feet in a humid and unhealthy condition, with the skin relaxed and the pores dilated and thus more susceptible to infection.

Parallel with preventive measures over the years I have succeeded in devising simple corrective techniques for various minor defects of children's feet. For hallux valgus and lesser toe defects I have designed a series of simple strip rubber devices, which exert traction or provide splintage which induces correction in a relatively short space of time. The advantage of these appliances is that they are simple in design and easy to make, quite inexpensive, in fact it is doubtful if they would cost any more than the conventional felt and plaster. They can be taken off at night or for the purpose of washing and if kept clean and dusted with powder when applied they have a life of several months, thus dispensing with frequent visits to the clinic and at the same time showing considerable economy in dressing costs.

HALLUX VALGUS TRACTION SLINGS.

This device provides for a toe-loop and heel-loop and exerts traction on the toe drawing it back into its correct alignment. The degree of traction can be controlled by the size of the heel-loop. These appliances should be worn in conjunction with natural form footwear to ensure accommodation of the toe in its corrected position.

REPLACEABLE TOE-PROP.

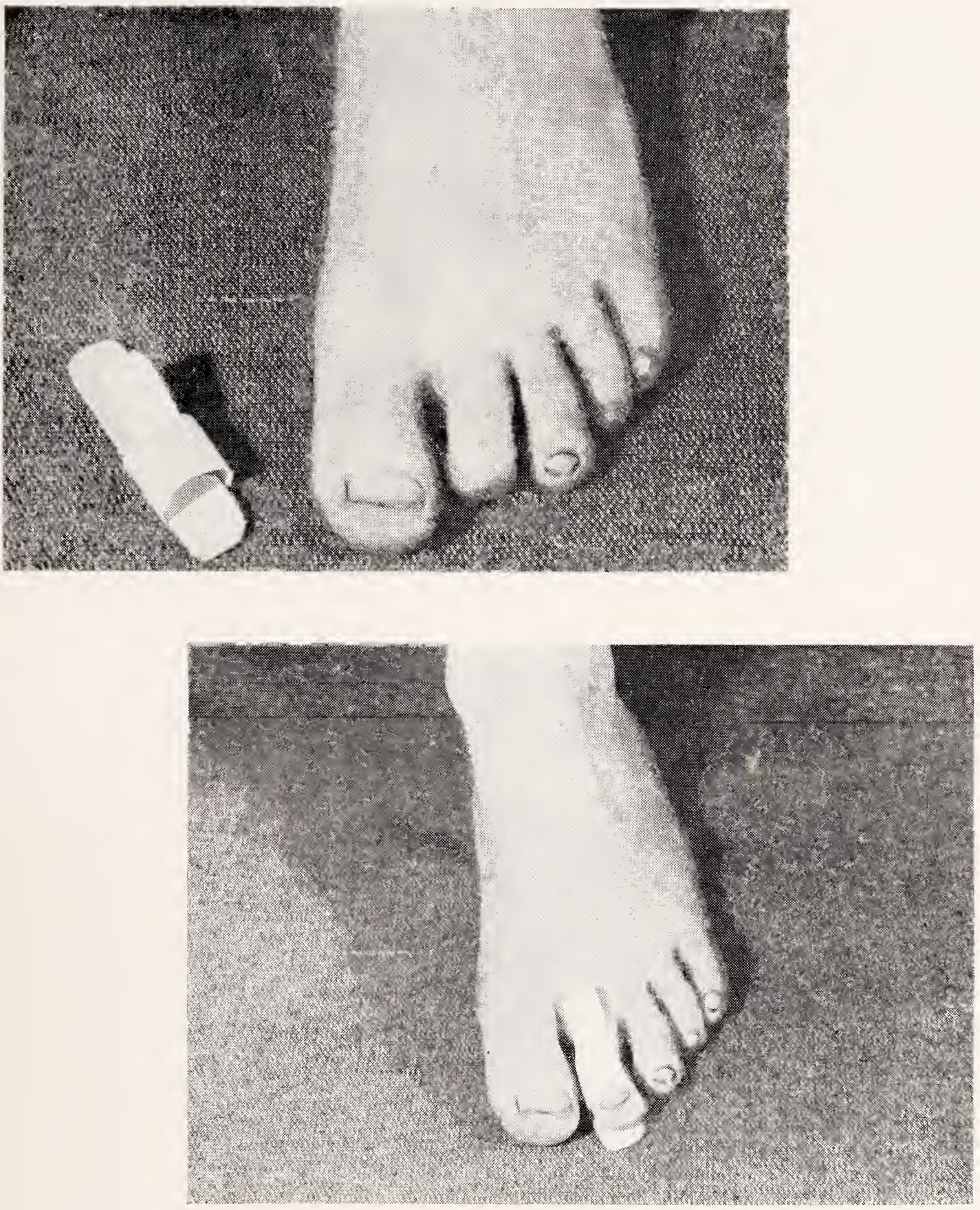
This device consists of a piece of 3/16-inch sponge rubber and a loop of Latex rubber sheeting. A simple tab of zinc oxide strapping enables the appliances to be pulled into position more easily. This device is used for underlying and rotating toes and speedily achieves the correction. It causes no discomfort in wear and is easily fitted and maintained.

TRACTION SLING FOR OVERLYING SECOND TOE.

This simple strip rubber device consists of a metatarsal brace and toe loop. The toe loop has a small tab of zinc oxide strapping to enable it to be easily slipped over the toe. In fitting the appliance the metatarsal brace should be slipped on to the tarsus and the toe loop pulled over the offending toe, the appliance being placed on the foot with this portion on the plantar aspect. The metatarsal brace is now moved up the tarsus until the toe-loop portion draws the offending toe down into its correct alignment. Like the previously mentioned appliances this is most effective and achieves its object in a relatively short space of time.

REPLACEABLE PLANTAR PROP.

This device is used when the lesser toes assume a clawed position. It is usually found most effective when applied to the middle three toes only. It consists of a plantar prop of sponge rubber cut to the correct size so that it extends beneath the three offending toes and has a strip rubber loop applied to retain it in position, the toes being slipped between the loop and the prop when the appliance is being positioned.



TOE SPLINT FOR CONTRACTED AND HAMMER TOES.

It is interesting to note that this appliance was contrived as an emergency device for the treatment of hammer toe in a boy aged 15 pending the obtaining of a more elaborate splintage appliance. It was, however, found so effective that this type of device was used on several cases with complete success and was in consequence included in the list of simple corrective devices. It consists of a piece of wood cut from a wooden tongue depresser, the type used extensively in hospitals for examination of the throat. It is covered in zinc oxide strapping to guard against splinters and is fitted with a strip rubber toe-loop and a pull-on tab similar to those already described in previous appliances. The splint extends from the end of the toe to just beyond the head of the metatarsus. It is light and very effective.

All these devices were designed by the author to replace felt and plaster which frequently causes maceration and plaster rash.

Surgical Alterations to Shoes.

In addition to offering advice for the proper selection and fitting of footwear, it is often advantageous to prescribe simple surgical alterations to shoes in treating certain foot defects. It is interesting to note that some children, for no apparent reason, accept the acquisition of faulty gait by sheer bad habit, tread their shoes over badly, either on the inside or the outside. I have found that this can often be successfully countered by the fitting of buttressed heels, that is to say, to have the heel extended from its space out into the top piece to the extent of up to half an inch. This flare should be on the offending side of the footwear. The flare heel is also of great assistance in the treatment of pronated feet. In mild cases of pronation, where the valgus deviation of the heel causes a mal-thrust on the outside of the heel counter, causing it to bulge over and the heel to be trodden down, the lateral buttress heel effectively stabilises the foot to prevent this treading over. In such cases, this alteration, coupled with the wearing of a medial heel wedge, is frequently a successful form of treatment. It is, however, essential that the shoe heel should fit snugly to the heel of the foot if the maximum efficiency is to be achieved. In severe pronation, where the shoe is trodden over badly on the inside and the waist trodden down, the heel with a Thomas extension and medial flare, coupled with medial wedging, can be recommended as an effective means of stabilising the feet. In both mild and severe cases, however, corrective insole by the author's technique worn in conjunction with this form of surgical alteration may well be considered. The appliances consist of a surgical insole moulded to a cast of the corrected foot, an impression being taken in putty whilst the foot is so manipulated. This gives a plantar impression of the foot corrected as distinct from pronated. Plaster casts are taken from such impressions and the insoles moulded with the plastic laminations upon them. The finished appliances have a deep cut heel seat and a lateral heel flange and a medial phlange extending along the medial arch. When these appliances are placed in the shoes and the feet are weight-bearing, the heel is guided into its corrected position and retained there by the heel flange. The forefoot taking its position on the anterior portion of the appliance is everted. Thus, with the heel inverted and the forefoot everted the arch is restored, *not propped up*. Strained ligaments are relieved as also are overtired muscles, whilst the lazy ones are made to function. Suitable cases for this form of treatment are frequently referred to the Chiropodial Orthopædic Department, Hope Hospital, where these appliances are made.

Verruca Pedis.

There are indications that there is a definite increase in the number of cases reported. It is also noted that a type of multiple verruca has been encountered which is proving extremely resistant to treatment. As yet, this matter has only been noted and it is too early to make any observations on it. In general, our treatment techniques are proving very effective, namely, lactic and salicylic ointment, lactic 25%, salicylic 25%, in a base of benzoated lard and lanolin. Occasionally, 60% salicylic acid ointment is selected for treatment. Also advice on the use of towels and the interchange of socks in the spreading of this condition is given to parents.

Tinea Pedis.

Reference has already been made to the increase in this condition during the past two years. There is every indication that there is a relation in this increase and the use of plastic and rubberised footwear as has already been mentioned. It is hoped in the near future to undertake planned investigation into this matter.

I was recently invited to lecture to Region 3, National Association of Chiropodists of America at their Convention in Atlantic City. I was specially invited to lecture on the subject of the Foot Health of the Child and the Foot Health Service operating in Salford. They were deeply interested in a service developed in this City and particularly the methods developed and employed for corrective treatment of minor defects of the feet and the statistical report on the examination of the feet of nearly 30,000 school children over the past twelve years. This report based on continuous surveys will, it is hoped, prove of considerable value in assessing various trends and factors in relation to the foot health of the child associated with such matters as environment, footwear selection, age groups, etc., and every endeavour has been made to include the basis of this statistical survey in this report, as it was felt that it would prove of considerable interest. I cannot let the opportunity pass without referring to the enormous amount of work which the preparation of the statistical report has involved, and in which Mr. Frank Birtwistle, the Chief Clerk of the School Health Service, has given valuable and unstinted assistance. It was only with his unselfish co-operation that it was possible to have it prepared in time for my American lecture and thus bring the work of this department before the notice of my American colleagues.

As usual, every co-operation has been given by the head teachers and their staffs to enable our work, in carrying out the surveys, to be done speedily and effectively, whilst on our part every effort has been made to institute treatment in our various clinics as soon as possible.

Speech Therapy

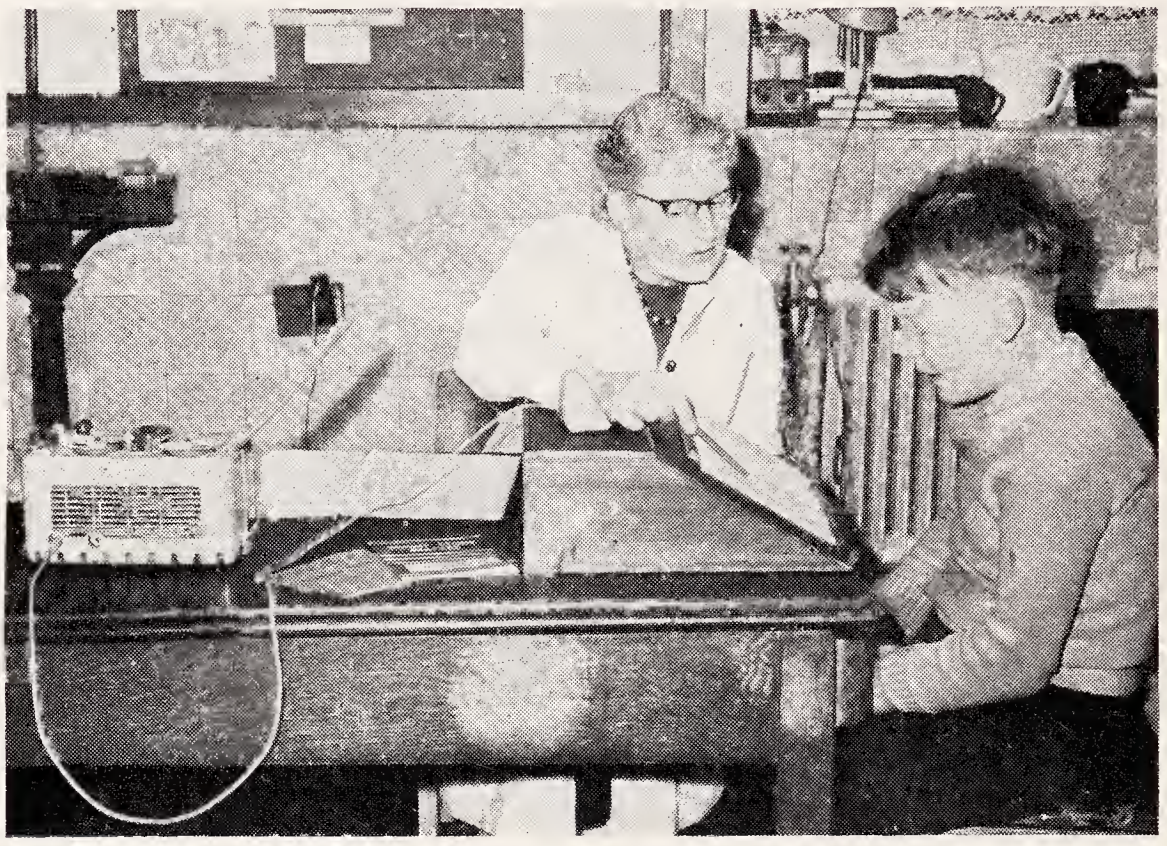
On 5th February this year, Miss Nettleton commenced her duties as Second Speech Therapist for the School Health Service, taking over Langworthy Centre from her predecessor. The Speech Therapist works under difficulties at this Centre as the treatment room overlooks the main road, at the junction of Langworthy Road and Liverpool Street, and there is a constant noise of traffic which frequently drowns the voice of anyone in that room. Also, the acoustics are very bad and sounds are distorted, which hampers ear-training. To ease matters Miss Nettleton transferred, on 6th May, to a new Centre at Clarendon Modern School for her afternoon sessions, taking over the Medical Room. The room is very pleasant and conditions are ideal.

On 27th November the speech clinic, housed at Regent Street Youth Club over the past six years, was transferred to new premises at Ordsall Junior School, opening there the following morning. The new treatment room—formerly a classroom—is spacious, well-warmed, light and cheerful-looking, an important factor in the correction of speech disturbances.

Since April of this year, all children newly admitted to the speech clinic are referred for a routine hearing-test, and a copy of the results is given to the Speech Therapist in charge of the case.

In May, a portable tape-recorder was purchased by the Education Department for use at the speech therapy centres. A highly efficient machine, it is proving a great help to the therapist and a stimulant for the child.

There was a serious drop in attendances at the speech therapy centres during September and part of October, owing to the outbreak of influenza.



Child reading aloud, using the tape-recorder. Afterwards he will hear the play-back of his speech.

Co-operation between Parents and Therapist.

A great deal can be done by parents in helping the Speech Therapist. As a child can only attend the speech clinic once or twice a week it is important that home practice should be carried out. A little daily practice in the home will help the therapist and the child. Otherwise, a new sound may be learnt and then promptly forgotten, so the Speech Therapist has to revise the work at the next lesson, and thus progress is impeded.

Practice books are provided but are invariably lost, torn up by " our baby," diminish in size, or are used for matters not relating to speech therapy (such as household accounts and football results). A number of practice books are allowed to become very dirty and crumpled, or are left at home or at school. Valuable time is lost straightening and patching-up the books ; so the speech therapist's work becomes difficult and frustrating at times.

Attendances have been poor during the past year. We feel that this is mainly due to lack of co-operation by the parents. Some do not even bother to attend for interview ; others attend for interview but not for treatment. Some attend for one or two treatments, then attendance lapses. *Much* time is spent sending out reminder notes which are often ignored by the parents. A few parents are thoughtful enough to send a note to the therapist explaining the reason for non-attendance, but a great majority, on receiving a reminder, do nothing at all about it.

The Speech Therapist is, of course, very interested in home conditions. During home visits she can see the atmosphere in which the child lives, the sort of house and environment. A neurotic type of mother will promote a speech difficulty, such as a stammer. Poor home conditions ; and parents lacking in intelligence, sympathy and common-sense ; can cause speech defects of a psychological nature. How can a child acquire normal speech if affection is lacking, if the parents are aggressive and if there is instability in the home ?

It is, perhaps, in the treatment of stammerers that the speech therapist relies most of all on parental co-operation. A Guidance Sheet is given to help parents. Faulty diet may prolong a stammer, also lack of sleep caused by watching the " telly," or by parents making the child too speech-conscious. These things tend to undermine anything the therapist is trying to do.

All children with speech difficulties need encouragement from the parents in helping them to acquire intelligible speech. Some parents, unfortunately, think it a waste of time for the child to attend the clinic, and feel it is more important to continue at work than to bring him for treatment. Some say, " we can understand him at home," and, " he will grow out of it."

Our work would be easier, and show better results, if more parents would co-operate with the speech therapist.

Picture showing stammerers relaxing in order to overcome the excessive tension. This can also be carried out at home.
The therapist is testing for any signs of muscle tension during relaxation.

This picture shows a group of stammerers carrying out a stretching exercise. preparatory to letting themselves relax. The boy in the middle is demonstrating how *not* to do this (note the flexed elbows). The other two are doing the exercise correctly.

Audiometry

The audiometric testing of the school children continued during 1957, and most of the 5-year-old entrants were tested in school by the Sweep Test method. Any child who does not pass the test at the required level is referred for a complete audiometric analysis at one of the clinics and if they fail to pass this test they are referred to the Consultant Ear, Nose and Throat Specialist.

In the olden days, according to historians, deafness was noticed in association with the inability to speak correctly, and led to the belief as held by Aristotle that a child in such plight was incapable of being educated. According to Roman law, anyone known to be deaf was regarded as being without intelligence. Indeed, it has been known that civil rights have been denied to the unfortunate deaf people.

Fortunately, it is now possible to educate children, who have a hearing loss, with very good results. The social stigma attached to those who are deaf is rapidly diminishing.

The number of children who are known to require special educational treatment has slightly increased during the year due, no doubt, to a better understanding between Head Teachers and the School Health Service. Many more children are being referred by Head Teachers for hearing tests not only because the children are thought to be deaf but because the educational standard of the children is such that suspicions are aroused. With the help of Head Teachers many children who develop a hearing loss during their first year in school are being detected.

It is yet to be generally realised that there are no apparent outward signs in a child who is deaf and that it is only over a period of time before deafness makes itself known. It is up to all of us who are concerned with the health and well-being of our school children to help in detecting those children who, through no fault of their own, are missing a most valuable part of their life.

Child Guidance Clinic

The Child Guidance Clinic continues to work in co-operation with the other branches of the School Health Services, Schools, Children Committee, Probation Officers and family doctors. The total number of children seen was 123.

In talking about child guidance one often hears it said : " It is all the parents' fault," and this may be a reason for hesitation on the parents' part to seek our help. Just as some children are stronger than others, and some are more intelligent, there are some children who can stand emotional strain better than others. One child may catch a simple cold when exposed to infection or not become ill at all, while another may get pneumonia. In the same way many children do not become lastingly upset by a short stay in hospital or the birth of a brother, while to some this experience appears to have a profound effect, though it is, of course, true that the more experiences of a disturbing nature a child has, the more likely it is that they will ultimately affect him.

A little boy of seven was recently seen here—one of five children—who had severe nightmares. He was the only one of the family about whom the

mother was worried. He had not, in fact, had a very different life from his brothers and sisters and it appeared that Jack was a child who took things to heart which other children did not worry about. In treatment, one had to find out why Jack was like this and it emerged that he had the fantasy that he was an orphan and did not belong to the family, and though this was not the case he tried to convey conviction of the truth of his fantasy in various ways, including pointing out that the was the only one who had curly hair ! His nightmares were all round the theme of " being sent away." It took quite a lot of work with Jack, and with the help of his parents, before he overcame his suspicions.

The staff always try to work with parents ; their help is needed in order to understand what has gone wrong, and they are the most important people in the child's life.

During the past year there have been visits from the Head of a school for maladjusted children, Students of the Health Visitors' and District Nurses Training Courses, Students from the University Departments of Education, and of Social Studies, Doctors working for the Diploma in Child Health, and, as in previous years, help has been given in the training of Psychiatric Social Workers.

Colleagues within the School Health Service are always welcomed to the clinic for the discussion of cases.

The Consultant Pædiatric Clinic

Dr. R. I. Mackay reports :—

The Consultant Pædiatric Clinic continues weekly sessions as before. The patients referred by the school medical officers and general practitioners could be classified according to diagnosis on much the same lines as previous years. Respiratory disorders of all kinds predominate, and the problem of chronic upper respiratory tract infection still causes disproportionate distress and loss of school time. In a number of children an allergic constitution complicates this situation. It is clear that the major chronic complications of respiratory infections are becoming less frequent and very few new cases of bronchiectasis or pulmonary collapse are arising.

A number of children with heart and lung complaints, many of them due to congenital malformation, have been referred to the Thoracic Surgical Centre at the Park Hospital, Davyhulme, for investigation and operative repair.

A large number of children have been referred with disturbances of behaviour simulating organic disease of a type and simplicity that can be handled in a medical clinic. Some children have also been referred for more detailed study by the Child Guidance Clinic. Dietary deficiencies are of little significance these days except in so far as obesity remains a problem.

Some comment must be made about the excellent co-operation obtained with the Medical Officers of the department and the integration of the Health Visitor service with the clinic work. This clinic is in no sense an isolated session held in clinic premises, but is an integral part of the pædiatric service for the City.

ANALYSIS OF PATIENTS IN PAEDIATRIC CLINIC

Upper respiratory infection	34
Sino-bronchitis	7
Otitis media	5
Bronchiectasis	13
Pulmonary collapse	2
Miscellaneous infections	10
Allergic rhinitis	10
Asthma	13
Other allergies	3
Rheumatism (Quiescent)	15
Rheumatic heart disease	6
Rheumatoid arthritis	1
Congenital cardiac anomalies	9
Endocrine problems	3
Maldescent of testes	12
Dietary obesity	11
Non endocrine dwarfism	5
Behaviour problems and anxiety states	29
Migraine	22
Mental retardation	2
Cerebral palsy	3
Epilepsy	3
Faints, growing pains and innocent symptoms	20
Miscellaneous conditions	6
Healthy children	17

Claremont Open-Air School

Among the children the pattern of those leaving and gaining admission has varied very little. Most children admitted suffer from bronchial spasm, asthma, bronchiectasis and upper respiratory infection. Those who leave before the age of fifteen do so mainly on approved return to their own schools. One child with an artificial leg has learned to manage so well that she has been able to return to normal school. There are twelve physically handicapped children in school. Some use calipers or crutches, but all are mobile. Other handicaps catered for include cerebral palsy, epilepsy, rheumatism, post-lobectomy, and heart diseases. One girl who was operated on for a heart condition this year left at Christmas, aged 15 years, and is successfully holding a job. Such children make a habit of coming into school to report progress and, in this way, it has been possible to note their subsequent health conditions. One girl, who is unable to work after a complete breakdown, came in for help recently and, although she is sixteen, the authorities have been so helpful that it seems likely that it will be possible to re-admit her and give her treatment while continuing her education.

The shortness of the school day has always been of some concern for, after breakfast and treatment time is deducted, not enough time has been left for education. During the last year, however, the school day has been lengthened by fifteen minutes in winter and thirty minutes in summer. In addition to this, many senior children now receive physiotherapy after school hours and we are grateful to the physiotherapists who have worked longer hours to make this possible. They attend on four half days per week and, where children and parents co-operate, obtain excellent results. An asthmatic child, if he has learned his sequence of exercises, is able to alleviate an attack in as little

as fifteen minutes and without the use of drugs. Parents may visit the school when the physiotherapists are in and see them at work. It is then hoped that they will make sure that children do their exercises at home.

Since there are many more young children of five and six years, and more physically handicapped children in school, the Authority has appointed bus attendants to travel to and from school with the children. These are school welfare officers and their services are greatly appreciated. Unless a special request is made, senior children do not use the special bus.

During the summer we achieved a higher percentage of attendance than ever before but lost our good record during the severe influenza epidemic of the Christmas term. Many children failed to gain weight satisfactorily and, when sputum tests were taken, a large number of children who had returned after influenza were found to need antibiotic treatment by their own doctors. Under these circumstances it was deemed wiser to retain under doctor's close care some children who would otherwise have been discharged at Easter, in order that he might assess the efficacy of the treatment.

Rest is now taken by prescription. Senior children, where doctor considers them fit enough, are taken " off rest during their last term, and others are not prescribed rest " from their arrival at school. However desirable this arrangement brings its attendant difficulties and those children who do not rest must be catered for. Staff time during the dinner hour already has many demands made on it and, apart from this, the question of a room suitable for children who need relaxation must be considered, and also children considered fit for normal play outside must be supervised in some place apart so that children requiring sleep will not be disturbed. The question of supervising three sets of children instead of one is arising and the matter of supervision and the provision of necessary facilities is being considered.

Work in the partially sighted class has continued satisfactorily and during the year six children have left ; one to go to Delamere Fresh Air School, one to a Secondary Modern School, three to Primary Schools, and one girl who gained a scholarship to Chorleywood Grammar School, where she has settled well and is making good progress.

Many children have very impoverished backgrounds, and their lack of general knowledge is in many cases an impediment to school work. A widening of their horizons has therefore been attempted and the year's programme has included a visit to Belle Vue Zoological Gardens, where the whole day was spent. An afternoon was spent at the circus. The children have been given film shows and shared a carol service with another school. The seniors have visited the Docks, and Peel Park Art Gallery. At Christmas, children from St. Stephen's C. of E. School were guests at the school's party, and our seniors visited their church for a Nativity Play. A social, to which the senior children invited old students, was held and the response was excellent.

A clinic is held at the school on two afternoons per week, and this involves the visits of parents. It provides excellent opportunity for them to discuss educational progress with the teaching staff, after they have seen doctor, and most of them are interested and co-operative. Sometimes it is necessary, in the best interests of their children, that parents should achieve a new approach toe heir problems and usually this adjustment is well made. Most children ar tkept admirably clean and we have had only two cases of head infestation

during the year. One of these was a five-year-old who was admitted with pediculi, and the other was a girl who returned with nits after a long absence. Both were quickly cleaned.

There have been staff changes during the year. Mrs. Morris and Miss Unsworth left to take up deputy headships ; Mr. Seed left to do residential work at Henshaw's ; Mr. Palfreyman left when Mr. Forster, for whom he was deputising, returned from America ; and Mrs. Plunkett, Mr. O'Brien and Miss Bate joined the Claremont staff.

The year has been a profitable one from a health, educational and social point of view. Minor innovations have gone well, and shortly there will begin the building of a new physiotherapy block and two classrooms which should make further educational progress possible and the continuance of the excellent relations maintained with all those who care for the physical well-being of the children.

Barr Hill Open-Air School

There have been few changes during the year 1957. A slow combustion stove was installed in February, primarily for the burning of the dressings from the school clinic. This, with a few new radiators and the protective screens, has given a little more comfort during cold and wild weather.

Unhappily we shared this year, for the first time, in the influenza epidemic. As a result of this the discharges at the end of the year were fewer than expected as many children have remained here to recuperate. This is probably a good thing as fewer new children will have to face the worst weather of the year in January.

Unsuitable footwear is still common, many children wearing badly worn shoes or wellingtons ; some wearing sandals or thin shoes even in the worst of the weather. Though shoes and boots are provided, when necessary, by the Education Authority, parents rarely have them repaired. The Committee's new scheme for repairs may help here.

The school provides for a variety of delicate children (see summary). Boys at present predominate and remain longer than girls. One boy with asthma has remained seven years but he attended rarely until the last year or two.

The attendance of two girls at specially arranged housewifery classes was so irregular that no arrangements were made after September. We hope to resume these classes soon. Efforts have been made to give the boys woodwork manual classes but there is no room for them as yet.

A large number of children, when admitted, are naturally very backward for their ages, and often unwilling to put into practice the simple rules of health. This is particularly noticeable in the care of teeth and nasal organs, and in the carrying out of the instructions given by the physiotherapist.

The school is most fortunate in having a healthy teaching and canteen staff who all work in harmony for the good of the children.

Summary: Leavers in 1957.

Boys ... ... 20 Girls ... ... 13 Total 33

	Boys.	*Girls.*
Average increase in weight	9·9 lbs.	11·5 lbs.
,, stay in weeks	90·7 weeks.	87·5 weeks.
,, age on admission	8 years 8 months.	8 years 2 months.

Reason for Discharge.	*Boys.*	*Girls.*
Fit for ordinary school	12	7
Parents' request	—	1
15 plus	1	2
Removed	4	2
To try ordinary school	2	—
Transport difficult—To Claremont Open-Air School	1	—
To Pendleton High School	—	1

Diagnosis on Entry.	*Boys.*		*Girls.*
Delicate	7	Delicate	4
,, plus previous Petit Mal	1	,, plus Nut. C.	1
,, ,, Migraine	1	Asthma	2
,, ,, Nutrition C	2	Recurrent Bronchitis	5
,, ,, frequent upper respiratory infections	3	Post T.B. Meningitis	1
Asthma	3		
Recurrent Bronchitis	1		
Bronchiectasis	1		
Post Infectious Hepatitis Debility	1		

Years Spent in Barr Hill.	*Total.*
7 years plus	1
6 ,, ,,	1
3 ,,	3
Under 1 year	15

Children Remaining in School.

Diagnosis.	*Boys.*
Delicate	15
,, plus claustrophobia	1
,, ,, L. hand spastic paralysis	1
Asthma	8
,, plus epilepsy	1
,, ,, allergic rhinitis	1
Epilepsy	2
Epilepsy, chronic nasal catarrh and bronchitis	1
Bronchitis—various types	4
Sino bronchitis	1
Anaemia	2
,, plus frequent upper respiratory infections	1
Frequent upper respiratory infections	2
Nervous debility	1
Post primary complex	2
,, mastoidectomy debility and sinusitis	1
T.B. spine	1
Congenital heart	1
Transplantation of ureters into rectum	1

	Girls.
Delicate	19
,, plus contact T.B.	1
,, ,, abscesses of skin infection	1
Asthma	1
,, ,, recurrent bronchitis	3
Recurrent bronchitis	4

STILL IN SCHOOL—YEARS SPENT.

		Total.
7 years	1 boy	1
6 ,,	1 ,,	1
5 ,,	2 boys	2
4 ,,	1 boy	1
3 ,,	6 boys, 2 girls	8
2 ,,	7 ,, 2 ,,	9

The rest have been in Barr Hill less than two years and include 28 less than one year.

Hope Hospital School

On the whole there have been fewer long-term patients in hospital this year, due probably to the general improvement in the health of the school child and to new drugs which give more speedy treatment.

There are still, however, the small number of children, mostly orthopædic cases, who have been in hospital two years or more. Of late there have been many more children coming into hospital for investigation and tests of various kinds and, as most of these children are not seriously ill, they can usually cope with an almost normal school day.

In the early summer the babies' ward was closed and we now have very young babies on all the children's wards. It was feared at first that this might disrupt the school work, but actually it has been found that the young babies are considerably quieter than the toddlers. Owing to the bad weather during the summer months we were not able to put beds out of doors as much as usual, but long-term patients were taken out in the invalid carriage whenever possible.

We were sorry to lose, at the end of the summer term, a teacher who has been on the Hospital School staff for the past thirteen years and who is missed greatly by the younger children.

SPASTIC CLASS.

There have been a number of changes in membership of the class during the year.

Three children have been able to go on to other schools, one child has gone to a residential school, and one has reverted to home teaching.

There are now several younger children in the class, making an infant age group, and the age range is now from five to sixteen years. Several of the children, particularly the younger ones, have made very satisfactory physical progress, and only two of the older ones are now entirely immobile.

An Open Day was held in July for parents and friends. It was very well attended and, although the weather was uncertain, much of the afternoon was spent in the garden, where the children gave a display of dramatic work and of activities.

Home Teaching

This year the work in Home Teaching has proceeded along the usual lines.

The former Home Teacher joined the staff of the Claremont Open-Air School in September, 1957. The home-bound children and their parents were very sorry when she left them as her bright and cheerful manner has done so much to encourage and help them.

Her successor is a qualified teacher, with specialist qualifications in Art, who was able to take up her duties as the teacher of the home-bound children on September 1st, 1957.

The children have made good progress during 1957. Their health is often the controlling factor. When the children are well enough they show real keenness and enthusiasm for the lessons they receive and they all make steady progress. M.D. is very interested in History. He enjoyed his visit to the Museum in Buile Hill Park. Now he is looking forward to visiting other museums in 1958. The youngest scholar, R.K. (aged 5) looks forward very keenly to the day when the teacher calls. He is responding very well indeed to the teaching which is given. J.J. has had a long spell in hospital. We hope he will soon be well again. W.S. and M.W. continue to make progress. Unhappily, D.B. died early in September.

Special Class for Partially Deaf Children

The special class for partially deaf children has now been in existence for ten years. Forty children have passed through it. Of those now working, there is a joiner, a tile maker, two typists, a plumber, a hospital orderly, a foundry worker, a machinist in plastics, a slaughterman and a motor mechanic—a fair cross-section of a working community.

This year, one of the latest group hearing aid units, together with the necessary furniture and individual apparatus, has been installed. Each child is equipped with a bi-aural outfit, specially moulded, by which the amplification of sound can be adjusted independently and pre-set for both ears, and the " bad " ear, being set at a higher volume, can now receive exercise at the same time as the " good " one. The children still have their Medresco aids for home use. The teacher's microphone is carried on a harness which ensures a standard distance, at all times, of voice to amplifier, and less possibility of intrusion of extraneous noises. The children's microphones are coupled with independent switches so that question and answers may be heard with equal clarity by the whole class. Improvement in speech and attention to instruction has been most marked.

The aims of the class have always been to restore lost confidence, to build up a working vocabulary, to remedy speech defects and to equip the children to share in the life of a normal community. These aims have in the majority of cases achieved success. Methods have changed inevitably as better mechanical devices have been introduced, for new techniques and clinical and pharmaceutical improvements have reduced subsidiary complications of deafness. But attention to the purely physical aspects of deafness is not enough if the handicap is to be properly overcome, and there are cases where education in special classes is necessary throughout the whole school life of a partially deaf child. Daily practice in vocabulary and speech is essential if the pupils are to gain the maximum education that their condition allows. As they grow older so the number and complexity of words increases. Facts that are conveyed to children of normal hearing ability incidentally, are overlooked by even the most proficient of the partially deaf. The syllabus of the class must be so adapted that the maximum time is spent in the perfecting of speech patterns in order that ideas may be conveyed readily and coherently, and so that facts and information are received comprehensively.

Unfortunately, this fact in the education of partially deaf children is still not fully appreciated, with the result that within two or three years of re-entering a normal class a child whose needs have not been understood may once again be back to a listless, uninformed and often anti-social condition.

There are exceptions where the clinical condition may improve and normal hearing return. These children may safely be returned to normal school work. But during the last ten years it has become more evident that a percentage of children must spend all their time, apart from purely physical activities, under the supervision of a specialist teacher if they are to leave school with an adequate background of knowledge and personality enabling them to take their proper places in the commercial and social community.

Broomedge Day Special (E.S.N.) School

The year has, of necessity, been one of a few changes both in the Headship of the school and in assistant staff. Indeed, of last year's staff only one member remains. Despite these changes in staff, however, the progress of the school has not been disturbed unduly.

After the Easter holiday the school was allocated a weekly period at Blackfriars swimming baths, and throughout the summer season two parties, comprising approximately 36 children in all, went for swimming instruction. Six children learned to swim during the season and one boy competed in the Salford Schools' Annual Gala.

The children who were due to leave the school at the end of the midsummer term were taken to visit their new schools and introduced to their respective teachers and head-teachers. The girl leavers attended the annual sports of Broughton Modern School for Girls. The school is grateful to the head-teachers concerned for the way in which they helped with these visits, and in this crucial transition which could easily cause various forms of regression if great care was not exercised. In addition to these visits, every effort is made to maintain contact with the children after they have left by encouraging them to visit Broomedge ; by close liaison between the head-teachers ; and by providing opportunities for the teachers of the special classes, to which the children are admitted, to visit Broomedge.

In September, the honey was collected from the school's hive. Despite the fact that the hive had twice been overturned earlier in the year by vandals, the yield of 21 lbs. was higher than it has ever been. The children assisted in the process of separation and extraction, and a biology class from Broughton High School came to see the whole operation. At the end of the month the Harvest Festival was held, finishing with each child eating a piece of harvest bread spread with butter and honey. For most of them it was their first taste of honey. On the following day, two parties of children conveyed the gifts to the Vernon Road Hostel for Aged and Handicapped and to Belmont Hostel, Bury New Road.

The highlight of the year was, undoubtedly, the Christmas party. The children entertained themselves, and were in turn entertained by Mr. Harry Corbett and his puppet Sooty of the B.B.C. Mr. Corbett's superb performance amused the guests, staff and children alike, and showed very clearly the delightful family atmosphere which is so characteristic of Broomedge. There were eighteen adult guests. The year ended with a school visit to Belle Vue Circus on the last day of term.

TABLE SHOWING DISTRIBUTION OF CHILDREN THROUGH I.Q. AND AGE RANGES.

I.Q.	7	8	9	10	11	Totals
45–49	—	—	2	—	—	2
50–54	1	—	—	—	—	1
55–59	—	—	1	—	—	1
60–64	—	—	2	—	—	2
65–69	2	—	1	3	—	6
70–74	—	—	2	4	4	10
75–79	1	4	1	2	2	10
80–84	—	3	9	8	3	23
85–89	—	—	1	4	1	6
TOTAL	4	7	19	21	10	61

The mean age is approximately 9½ years and shows almost the mid-point of a normal age distribution.

The I.Q. range of 34 points is a wide one for this type of school. The distribution, it will be noted, is positively skewed in favour of the higher levels. There are 49 children with I.Q.s of 70 and above, and indeed the majority are distributed between the ten points from 75 to 84. This has raised the mean I.Q. to 76. In March, 1956, with an almost entirely different school population, the mean was 77. The two means are virtually the same. These relatively high means merit some consideration because they emphasise the fact that most of the children are both dull and retarded. The Ministry shows agreement on this point in suggesting as a criterion of ascertainment " a standard of work below that achieved by average children 20% younger." Furthermore, the 1944 Act reflects a parallel philosophy in grouping all classes of dull and backward children under the single heading of E.S.N. As far as Broomedge is concerned, such a criterion is far more pertinent than one based solely upon I.Q.'s between 50 and 70, and which fails to take retardation into account.

Retardation is a factor of some significance at Broomedge and can be attributed to such causes as emotional disturbances, adverse environment and defects of a purely physical nature. Every effort is made to alleviate these causes and to minimise their effects as much as possible. The approach to the basic subjects is designed so to make allowance for the children's emotional disturbances, whilst the social life inside and outside school offers the children experiences which a culturally poor environment denies them.

The School Health Service deals promptly with physical defects. The children are inspected at frequent intervals and throughout the past year there has not been a single pediculous child in the school. Towards the end of the year each child was given a toothbrush for use in school and taught how to use it. Also arrangements were made for teeth cleaning after dinner every day.

During the year two children, a boy and a girl, were returned to normal schools. From all accounts, both are making good progress.

There is every indication that the year has been one of progress and happiness for all at Broomedge.

Physiotherapy

During the year a great effort has been made to minimise the time a child spends in having any necessary treatment. This helps to prevent the child falling behind in lessons and so adding to his psychological difficulties, because a physical handicap may make him feel inadequate and, if he becomes backward in his lessons also, this greatly increases his difficulties and general feeling of frustration. Treating children in schools, and at a time not interfering with lessons, provides a greater strain for the physiotherapist, as larger and more frequent journeys are taken in her own time and more flexible hours of work undertaken to fit in with existing school time tables.

The co-ordination and co-operation with the teaching staff in schools has improved.

Claremont Open-Air School.

Here the work is the heaviest and the difficulties have been greatest. The teaching staff is most co-operative and the difficulties during the year have been common to both the teaching staff and the physiotherapist, namely, how to obtain the maximum benefit both in health, and progress in lessons. It has been found possible to give the senior pupils physiotherapy whilst the juniors are having a rest period or, alternately, when the school closed at 4 p.m. Parents' permission is obtained for the children to stay for treatment after lesson times. The children are willing to co-operate, this being proved by the fact that they come voluntarily at the given time for treatment without having to be sent for or persuaded to come. Lack of space in the medical room is a great handicap—a lot of organisation is needed to keep children a safe distance apart to prevent cross infection. The Aerosol machines are very helpful in loosening mucus prior to drainage and are used continuously during physiotherapy sessions.

Cleveland Special Class.

Progress amongst children with cerebral palsy is always slow, and cannot be measured over a period of weeks or months, and only someone who has worked with them for a long time can appreciate the thrill experienced when a child first sits up by himself probably only for half a minute or manages to crawl unaided for a short distance. Many of these children will never be able to live as fully as the rest of us but every effort is made to ensure that they participate as fully as possible in family life and in the wider spheres of living. The majority of these children make sufficient progress to enable them to later attend an open-air school or an ordinary school and, happy as they are at Cleveland, they are tremendously thrilled to join in the wider activities of a larger number of children in bigger schools. If only we can obtain the services of enough physiotherapists it is hoped to still keep the children fitter by encouraging more activities such as swimming.

Barr Hill Open-Air School.

A physiotherapist visits the school twice weekly and much progress is made in treating the children and improving their general condition by teaching breathing exercises and the special ones for asthmatic conditions. Owing to improvements made the school is much warmer now and the physiotherapists find this a great help in obtaining relaxation whilst giving the asthma exercises.

Broomedge School.

In our endeavour to give necessary treatment without children absenting themselves from lessons over long periods we have combined to hold remedial exercise classes at the school. The children are co-operative and appear to enjoy themselves and at the most they are only away from the classroom for half an hour instead of at least one and a half hours if the child had to attend a clinic.

Remedial Exercise Clinics.

These are held twice weekly at five centres :—

1. Regent Road.
2. Langworthy Health Centre.
3. Cleveland Clinic.
4. Police Street.
5. Murray Street.

The fact of many children obtaining treatment in school has been a big help to the work in the clinics leading to smaller classes and enabling more individual instruction to be given to the child and a better result obtained from treatment. The appointment system works well and we do endeavour to cut to a minimum the time spent waiting in clinics and, therefore, prevent as little loss as possible from school time.

Sunlight Clinics.

Wherever possible these are run in conjunction with the remedial exercise clinics and great effort is made to follow-on two treatments such as sunlight and exercises so that time is not wasted on more visits to clinics. This also applies at the Claremont O.A.S., where a portable-type sunray lamp enables treatment to be given at the medical officer's request. Unfortunately, at Barr Hill there is no room available where a child could sit undressed.

Orthopædic.

The orthopædic consultant visits the Regent Road Clinic once weekly and sees all children referred to him by the school medical officers. Having weekly visits there is no undue delay in invitations to see the consultant, and an appointment system is used on the clinic day. The mothers do appreciate the more informal atmosphere of the clinic compared with the austerity of hospital rooms, and the children are more relaxed in familiar surroundings. Crying is rare and the consultant has more time for discussion with the mother than he would have in a busy hospital outpatients department.

The orthopædic technician attends the orthopædic clinic for consultation on surgical appliances, and also collects all shoes for wedging, and returns them the following week.

Physiotherapy Clinics.

A school medical officer holds clinics one morning a week for children who have been receiving physiotherapy treatment. These clinics are valuable to the parent and child and most helpful to the physiotherapist because the value and result of treatment prescribed can be assessed both with the medical officer and the parents.

We do aim in every case to give the child the best value from treatment and also to minimise the time away from school. We like the mothers to watch the treatment sometimes so that they can help the child at home.

Report of the Organisers of Physical Education

Staffing difficulties still overshadow the work, and many of the problems quoted in previous years still persist, but it is pleasing to report that the opening of a new secondary modern school in the docks area has considerably improved facilities in physical education for the older children in this part of the city, where such facilities were particularly needed. The building of two more secondary modern schools is well advanced and these will provide the extra facilities and the added challenge needed in the physical education work of the older children in this area. The various activities making up the physical education programme are reviewed in the following order :—

1. The Physical Education lesson (including clothing and equipment).
2. Organised games.
3. Swimming.
4. Out-of-School activities (including Schools, Youth and Further Education).

The Physical Education Lesson.

Difficulties which have hindered the work in the past still persist. In some there have been improvements, in others the position has worsened. Briefly the difficulties are :—

1. Owing to the high cost the difficulty of providing large apparatus for climbing, heaving, strengthening, leaping and other agility work which is so vital in physical education. In other schools the lack of facilities for storing and using such apparatus is a problem.
2. Lack of indoor facilities. There has been improvement here with the opening of a new secondary modern school with a 70 ft. × 40 ft. gymnasium, and with it the reorganisation of two all-standard and one senior department, thus giving better facilities in the three junior mixed schools created by this reorganisation. Further improvement in this direction is expected shortly with the opening of two more secondary modern schools.
3. The proportion of children still remaining in unreorganised schools. This is allied to paragraph 2 and, whilst some improvement can be recorded, much still remains to be done.
4. The very many staffing difficulties which have not only continued but have increased during the year under review. These perhaps more than anything else have adversely affected the work.

   Briefly they are :—

   (*a*) General shortage of staff, and larger classes.
   (*b*) Shortage of staff with specialist qualifications.
   (*c*) Instability of staffing generally, resulting in lack of continuity and progression in the work.
   (*d*) The unavoidably increasing number of temporary teachers, untrained and awaiting admission to training college.

Regular physical education lessons are taken in all schools. In the majority of schools top clothing is removed for the lesson, and in the secondary schools it is usual for the children to have showers after their lessons.

The supply of small apparatus (skittles, balls, skipping ropes, hoops, etc.) has been maintained, and a few more schools have been supplied with large apparatus. It must, however, be emphasised that there are still many departments without large apparatus in the quantity necessary to make the physical

education lesson fully effective. It is unfortunate that it has not been possible to supply plimsolls to any primary schools this year. The provision of plimsolls is an urgent necessity to remove the risk of accidents which arises when the children work in unsuitable footwear.

Various courses were held for teachers of both sexes as follows :—

(*a*) Athletics (two courses). As a result of these some teachers gained the Amateur Athletic Association's coaching awards.
(*b*) Netball. Umpiring and Coaching based on the new rules.
(*c*) Demonstrations and discussions on infant work in physical education.

All were well attended.

ORGANISED GAMES.

All schools with the exception of infant departments make provision for a weekly period of organised games.

The Ordsall Park still remains closed for organised games, but the Education Committee continue to provide transport to other games' fields for the schools in this area, which otherwise would be without games facilities. It is thought that even when the Ordsall Park is open again for games it will still be necessary to provide some transport to other games' fields, since there will only be two pitches available, and those will not cover the needs of the schools in this very congested area.

Great difficulties are experienced on some of the playing fields because of the lack of changing accommodation. Good changing rooms with showers should be regarded as necessities for all playing fields if, after a game on a wet day, children are not to be forced into dressing and covering muddy games clothes with wet outer clothes—a practice which is not conducive to good health. It will be appreciated that, where these facilities are not available, attendance at the playing field is adversely affected, and at least one girls' school has seriously curtailed its winter games programme this year because of this.

SWIMMING.

The work is now in charge of two full-time men teachers, one full-time woman, and a number of part-time teachers varying between three and four. Some swimming classes are taken by class teachers, who render a valuable service by so doing.

Now that the services of an additional full-time man teacher has been obtained, the standard of the boys' swimming has improved, and more periods of teaching are available. The schools have made good use of these extra services.

During the summer months provision was made for 245 classes to attend for swimming instruction (113 boys, 132 girls), and during the winter months arrangements were made for 95 classes of boys and 57 classes of girls making a total of 152 winter classes.

Attendance at the swimming classes was seriously affected by the epidemic of Asian 'Flu during the Autumn Term, and the swimming tests arranged

by the Education Committee had to be postponed, and the length of time for the examination period extended because of the high percentage of absences from school. The new swimming tests have made greater demands on the children, particular emphasis being laid on style and progression in swimming ability.

Results obtained were :—

	3rd Class	2nd Class	1st Class	Advanced	Total
Boys	634	316	211	121	1,282
Girls	528	256	57	25	866
TOTAL	1,162	572	268	146	2,148

The Royal Life Saving Society Examinations have been taken by various children with the following results :—

	Boys	Girls	Total
Elementary Certificate	91	132	223
Intermediate ,, ...	49	93	142
Bronze Medallion	51	74	125
Bar to Bronze Medallion	15	5	20
Bronze Cross	4	3	7
Scholar Instructor	—	2	2
Unigrip	—	48	48
TOTAL	210	357	567

The Humane Society for the Hundred of Salford awarded 12 medals, 7 for boys and 5 for girls. One boy gained the honour in the examination of being awarded the special medal for the best performance in all of the examinations held by this Society.

Because of the high incidence of Asian 'Flu and heavy absences it was considered better not to arrange an examination for the Amateur Swimming Association (Schools) awards.

Various schools again organised their own swimming galas, including one where two junior schools competed against each other.

OUT-OF-SCHOOL ACTIVITIES.

The Salford Schools' Sports Federation has continued its considerable activities, held out of schooltime. It is entirely due to the teachers in the various associations covered by the Federation that thousands of children are given the opportunity of taking part in team or individual events on Saturdays or during the evenings. Their help is most valuable.

The Swimming Society was honoured by having a Salford teacher elected Chairman of the Lancashire Schools' Swimming Association, and because of this, the Lancashire Schools' Gala for Juniors was held for the first time in Salford.

The Rugby Association held a referees' course for teachers which was most successfully attended. A Salford Headmaster is the Secretary for the Lancashire Schools' Rugby Association. The Association is glad to announce an increase in membership.

Football. The Football Association announced a not too successful season, but 1,400 boys participated each week in Saturday games. The Association looks forward to a successful season next year, when a number of promising boys mature.

Athletics. Teams were entered for the first time in the Junior, Intermediate and Senior Sections of the Lancashire Cross Country Championship. A creditable performance was put up. Inclement weather did not help training. Three very successful meetings, two afternoon and one evening, were held at the Schools' Sports.

Cricket. A Salford Head Teacher was honoured by being elected Chairman of the Lancashire Schools' Cricket Association. Salford sponsored the Lancashire versus Durham match at Old Trafford, and the Lancashire Schools' A.G.M. was held in Salford Town Hall. A very successful season was enjoyed.

Swimming. The swimming section organised two highly successful and well attended galas.

Rounders. Many children took part in the League Matches, and the season ended with a very successful rally.

Netball. The section organised two tournaments to open the season and a knock-out tournament to end it. The usual league matches were played. It was decided that the City Team should play in inter-town tournaments this year and, of the 9 games played, 5 were won, 2 drawn and 2 lost.

Individual Honours.

Cricket	One representative for Lancashire. Two representatives for South Lancashire. Three reached the Quarter Finals of Hacking Cup.
Athletics	One girl won the 70 yards hurdles—Lancashire Championships—and competed in all-England Championships at Southampton.
Rugby	One boy represented Lancashire.
Football	One boy represented Lancashire.
Swimming	One girl second in 13-15 age group—Lancashire Championships.

Further Education.

Apart from the teacher training classes, already mentioned, ten evening classes were arranged, five being for men and five for women, covering Physical Education (men), Keep Fit (men, women, boys and girls), Judo (men and women) and Movement to Music (women). In addition, four other classes which were open to both sexes included Ballroom Dancing (two) and Indoor Activities (two) (Table Tennis, games, Dancing).

PHYSICAL ACTIVITY WITHIN THE YOUTH SERVICE.

Physical activities both indoor and outdoor continued to maintain progress during 1957 in spite of the restricting action of the weather in the summer months with regard to outdoor activities. The Authority continued to play its part in the development of Cricket Coaches and to extend this work by introducing Group Coaching Courses for boys between 15 and 18 and senior schoolboys. All the Leagues established by the Authority for Football, Cricket, Table Tennis, Netball and Rounders increased in membership, and interest was well maintained in the Tenth Annual Athletic Sports, which to some extent were curtailed by the bad weather.

The following is an analysis of the number of clubs and youth organisations providing physical activities in Salford :—

(*a*) INDOOR.

1.	Physical Education (Boys)	15
2.	Keep Fit (Girls)	10
3.	Basketball (Boys)	3
4.	Netball (Girls)	10
5.	Boxing (Boys)	6
6.	Badminton (Mixed)	26
7.	Country Dancing	4
8.	National Dancing (Girls)	2
9.	American Square Dancing	4
10.	Ballroom Dancing Instruction	6
11.	Table Tennis (Boys)	86
12.	Table Tennis (Girls)	23
13.	Fives (Boys)	2
14.	Weight Lifting (Boys)	3
15.	Athletic Coaching (Mixed)	2
16.	Swimming (Boys)	16
17.	Swimming (Girls)	11
18.	Fencing	1
19.	Judo (Boys)	4

(*b*) OUTDOOR.

1.	Association Football (Boys)	66
2.	Rugby Football (Boys)	5
3.	Netball (Girls)	12
4.	Rounders (Girls)	11
5.	Rounders (Mixed)	2
6.	Athletics (Boys)	16
7.	Athletics (Girls)	9
8.	Tennis (Mixed)	10
9.	Hockey (Girls)	2
10.	Camping (Boys)	31
11.	Camping (Girls)	8
12.	Hiking (Mixed)	16
13.	Holidays (Club)	26
14.	Cycling	6
15.	Cricket (Boys)	23
16.	Harriers (Boys)	4
17.	Pot Holing (Boys)	1
18.	Archery (Mixed)	2

School Meals Service

During the year an increase in the charge for the school dinner was followed by a reduction in the number of children regularly partaking of the school meal. During the incidence of the Influenza epidemic the numbers dining fell by some 3,000 per day.

DETAILS OF MEALS SERVED AND COMPARISON WITH PREVIOUS YEAR.

Financial Year.	To Maintained Schools.		To Other Persons—Independent Schools, Occupation Centres, Sports Associations.		Total.	
	1955/56	1956/57	1955/56	1956/57	1955/56	1956/57
Dinners	*2,325,736	†2,303,661	65,328	36,912	2,391,064	2,340,573
Breakfasts ...	62,388	63,978	...	...	62,388	63,978
Teas	328	401	1,964	1,328	2,292	1,729

* Includes 54,791 dinners served in school holiday periods and on Saturdays.
† ,, 48,100 ,, ,, ,, ,, ,, ,, ,, ,, ,,
Number of diners expressed as a percentage of school roll—December, 1956—37·1%
,, 1957—35·3%

	1955/56	1956/57
Gross expenditure on—	£	£
(*a*) Food	92,560	89,344
(*b*) Overheads	103,045	119,674
School dinner cost (maintained schools)—		
(*a*) Food	9·10	8·99
(*b*) Overheads	10·23	12·13

In addition, there was expenditure on milk supplied under the milk-in-schools scheme of £45,022 in 1955/56 and £49,560 in 1956/57.

The reduced demand for school meals made imperative some rationalisation of the service and a number of both cooking and dining centres were closed. At the same time new centres were opened at Ordsall Secondary Modern School (Kitchen / Dining Room) and at Sorrel Bank (Langworthy Road) (Dining Room). Work on the improvement of hygienic conditions and other work designed to increase the efficiency of the service have continued, although restricted by the reduced amount of capital allowance for this kind of work.

A full week's course for workers in the School Meals Service was held during the October mid-term holiday period. Practical work, cooking, menu planning, and preparation of work rotas, took place as part of the holiday service of meals. In addition, there was a practical demonstration of cooking methods, day to day maintenance of heavy equipment, and table laying ; films and talks on hygiene, social training and serving the school dinner. The week concluded with the formation of discussion groups, so giving opportunity to compare ideas and working methods.

During the summer term the Service was surveyed by H.M. Inspectors of the Ministry of Education, and their report speaks of a service which, generally speaking, is efficiently organised and which is providing meals which are well balanced and nutritionally in keeping with the Ministry's suggestions. A number of helpful suggestions was also made.

SCHOOL CLINICS.

Location of School Clinics.	*Treatment carried out.*	*Attendance of School Medical Officer.*
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Paediatric, Orthopaedic.	Daily (mornings).
Police Street	Dental, Physiotherapy, U.V.R., Minor Ailments.	Daily (afternoons).
Murray Street	Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (afternoons).
Langworthy Centre	Physiotherapy, U.V.R., Speech Training, Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	——
Landseer Street	Physiotherapy	——
Regent Street	Speech Training	——
Broughton Secondary Modern School.	Speech Training, Minor Ailments ...	——
Blackfriars Road School... ...	Minor Ailments...	——
Barr Hill Open-Air School ...	Physiotherapy, Minor Ailments ...	Thursday afternoon
Claremont Open-Air School ...	Physiotherapy, U.V.R., Speech Training, Minor Ailments.	Monday „ Tuesday „
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Training ...	——
Clarendon Secondary Modern School	Minor Ailments...	——

STATISTICAL TABLES.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)

A.—Periodic Medical Inspections.

Age Groups Inspected and number of Children examined in each :—

5 years	2,464
7 „	1,215
10 „	2,167
13 „	2,283
Total	8,129
Additional Periodic Inspections	722
Grand Total	8,851

B.—Other Inspections.

Number of Special Inspections	8,165
Number of Re-Inspections	5,858
Total	14,023

C.—Pupils Found to Require Treatment.

Number of Individual Pupils Found at Periodic Medical Inspection to Require Treatment.

(excluding Dental Diseases and Infestation with Vermin).

Age groups inspected (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
5 years	36	430	458
7 „	41	178	206
10 „	109	345	433
13 „	111	380	532
Total	297	1,333	1,629
Additional Periodic Inspections	4	131	134
Grand Total	301	1,464	1,763

D.—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table I.A.

Age Groups Inspected (1)	No. of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
5 years	2,464	2,353	95	111	5
7 ,, ...	1,215	1,176	97	39	3
10 ,, ...	2,167	2,075	96	92	4
13 ,, ...	2,283	2,198	96	85	4
Additional Periodic Inspections	722	689	95	33	5
Total	8,851	8,491	96	360	4

TABLE II.

Infestation with Vermin.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	87,569
(ii) Total number of individual pupils found to be infested	1,279

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1957

Defect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups insp'd)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	74	156	121	145	320	556
5.	Eyes—						
	(*a*) Vision	24	78	104	252	260	714
	(*b*) Squint	31	98	3	65	81	324
	(*c*) Other	13	37	10	24	43	131
6.	Ears—						
	(*a*) Hearing...	21	171	28	93	87	458
	(*b*) Otitis Media... ...	30	501	16	214	96	1,335
	(*c*) Other	33	186	34	144	144	587
7.	Nose & Throat	156	846	89	280	416	2,099
8.	Speech	19	105	5	18	39	222
9.	Lymphatic Glands	1	539	—	105	3	1,211
10.	Heart	10	110	7	47	31	249
11.	Lungs	34	295	7	73	57	644
12.	Developmental—						
	(*a*) Hernia	9	57	2	6	12	136
	(*b*) Other	2	105	6	126	16	445
13.	Orthopaedic—						
	(*a*) Posture	5	41	3	62	13	192
	(*b*) Feet	15	115	19	91	61	326
	(*c*) Other	45	299	98	258	252	924
14.	Nervous system—						
	(*a*) Epilepsy	1	19	1	12	6	63
	(*b*) Other	8	58	2	44	15	202
15.	Psychological—						
	(*a*) Development ...	1	73	4	44	15	256
	(*b*) Stability	3	142	—	89	11	476
16.	Abdomen	—	25	—	6	—	47
17	Other	3	1	1	—	5	13

TABLE III. (Continued)

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4.	Skin	510	150
5.	Eyes—		
	(*a*) Vision	197	78
	(*b*) Squint	72	18
	(*c*) Other	95	50
6.	Ears—		
	(*a*) Hearing...	201	183
	(*b*) Otitis Media...	325	181
	(*c*) Other	270	215
7.	Nose & Throat	759	1,442
8.	Speech	68	122
9.	Lymphatic Glands	55	604
10.	Heart	86	213
11.	Lungs	168	568
12.	Developmental—		
	(*a*) Hernia	13	18
	(*b*) Other	25	108
13.	Orthopaedic—		
	(*a*) Posture	27	44
	(*b*) Feet	22	22
	(*c*) Other	247	280
14.	Nervous system—		
	(*a*) Epilepsy	4	19
	(*b*) Other	54	216
15.	Psychological—		
	(*a*) Development	31	81
	(*b*) Stability	40	150
16.	Abdomen	14	13
17.	Other	246	1,593

TABLE IV.

Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

GROUP 1.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	278	—
Errors of refraction (including squint)	2,656	—
Total	2,934	
Number of pupils for whom spectacles were prescribed	1,836	

GROUP 2.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment for—		
(*a*) diseases of the ear	—	3
(*b*) adenoids and chronic tonsillitis	—	702
(*c*) other nose and throat conditions	—	155
Received other forms of treatment	—	—
Total		860
Total number of pupils in schools who are known to have been provided with hearing aids—		
(*a*) in 1957	—	8
(*b*) in previous years	—	14

GROUP 3.—Orthopaedic and Postural Defects.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	678	

GROUP 4.—Diseases of the Skin.

(excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm—	
(*a*) Scalp	3
(*b*) Body	7
Scabies	9
Impetigo	73
Other skin diseases	594
TOTAL	686

GROUP 5.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	123

GROUP 6.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	168

GROUP 7.—Other Treatment Given.

(*a*) Number of cases of miscellaneous minor ailments treated by the Authority	16,490
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	127
(*c*) Pupils who received B.C.G. vaccination	869
(*d*) Other than (*a*), (*b*) and (*c*) above (specify)	
1. Sun-ray	356
2. Chiropody	1,505
3. Treatment by Neurologist	20
4. „ „ Paediatrician	197
5. „ „ Pretonsillectomy	279
6. „ „ Breathing Exercises	967
7. „ „ Postural Drainage	67
TOTAL (*a*)—(*d*)	20,877

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) At Periodic Inspections	13,617
	(*b*) As Specials	3,888
	TOTAL (1)	17,505
(2)	Number found to require treatment	12,433
(3)	Number offered treatment	12,433
(4)	Number actually treated	10,300
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	14,259
(6)	Half days devoted to :	
	(*a*) Periodic (School) Inspection	93
	(*b*) Treatment	1,483
	TOTAL (6)	1,576
(7)	Fillings—	
	(*a*) Permanent Teeth	3,926
	(*b*) Temporary Teeth	1,031
	TOTAL (7)	4,957
(8)	Number of teeth filled—	
	(*a*) Permanent Teeth	3,640
	(*b*) Temporary Teeth	1,031
	TOTAL (8)	4,671
(9)	Extractions—	
	(*a*) Permanent Teeth	2,365
	(*b*) Temporary Teeth	7,061
	TOTAL (9)	9,426
(10)	Administration of general anaesthetics for extraction	2,117
(11)	Orthodontics—	
	(*a*) Cases commenced during the year	27
	(*b*) Cases carried forward from previous year	161
	(*c*) Cases completed during the year	47
	(*d*) Cases discontinued during the year	27
	(*e*) Pupils treated with appliances	188
	(*f*) Removable appliances fitted	150
	(*g*) Fixed appliances fitted	18
	(*h*) Total attendances	851
(12)	Number of pupils supplied with artificial dentures	76
(13)	Other operations—	
	(*a*) Permanent teeth	1,560
	(*b*) Temporary teeth	249
	TOTAL (13)	1,809

HANDICAPPED PUPILS

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number *newly placed* in special schools or boarding homes ...	—	5	1	3	166	10	34	—	2	221
Number *newly assessed* as needing special educational treatment at special schools or in boarding homes	—	5	1	7	167	10	92	—	1	283
(i) Number on the registers of special schools as—										
(*a*) day pupils	—	13	9	10	212	14	62	—	6	326
(*b*) boarding pupils ...	8	—	9	—	53	9	53	6	—	138
(ii) Number on the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Number being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	5	—	—	—	5

HANDICAPPED PUPILS—*Continued.*

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number requiring places in special schools—										
(i) TOTAL (*a*) day	—	—	—	8	21	2	192	—	—	223
(*b*) boarding ...	—	—	—	—	10	7	15	—	—	32
(ii) Number included in the totals above who had not reached the age of 5—										
(*a*) awaiting day places	—	—	—	—	—	—	—	—	—	—
(*b*) Awaiting boarding places	—	—	—	—	5	—	—	—	—	5
(iii) Number who had reached the age of 5 but whose parents had not consented to their admission to a special school—										
(*a*) awaiting day places	—	—	—	1	4	—	20	—	—	25
(*b*) awaiting boarding places	—	—	—	—	2	—	5	—	—	7
Number of children reported to the local health authority—										
(*a*) under Section 57 (3) (excluding any returned under (*b*))	—	—	—	—	—	—	4	—	—	4
(*b*) under Section 57 (3) relying on Section 57 (4)	—	—	—	—	—	—	—	—	—	—
(*c*) under Section 57 (5) of the Education Act, 1944	—	—	—	—	—	—	20	—	—	20

SPEECH THERAPY

LANGWORTHY CENTRE.

136 children were seen on school visits.
18 were called for interview but were not in need of immediate treatment.
20 did not attend for interview.
33 on register at Langworthy Centre—

Dyslalia (poor speech)	14
Stammer	14
Sigmatism (defective " S ")	2
Cleft Palate	1
Dysarthria (clumsy tongue)	2

During the year 15 were admitted—

Dyslalia	11
Sigmatism	1
Stammer	3

7 were interviewed but not in need of immediate treatment.
13 were called for interview but did not attend.

Final discharge	1
Provisional discharge	4
Taken off register for non-attendance	6

1 patient was re-admitted but did not attend for treatment.
3 patients did not attend as parents were not willing to bring for treatment.
2 were interviewed and awaiting treatment.
Number of attendances ... 324

CLARENDON SCHOOL.

18 cases were transferred from Langworthy Centre.
30 were admitted for treatment during the year.

Dyslalia	14
Stammer	5
Dysarthria	1

17 did not attend for interview.
8 were interviewed but not in need of immediate treatment.
6 were taken off register for non-attendance.

Final discharge	4
Provisional discharge	3

2 were interviewed but parents not willing to bring for treatment.
1 did not attend as attending Child Guidance Clinic.
2 were taken off register as having dental treatment.
5 were interviewed and awaiting treatment.
1 re-admitted for treatment.
1 transferred to Claremont Open-Air School.
Number of attendances ... 355

CLEVELAND HOUSE.

5 children with cerebral palsy (including one from Hope Hospital School) on register.
Number of attendances ... 116
On waiting list for Langworthy Centre and Clarendon School 33 not yet interviewed, and 7 referred from other areas.
40 visits to schools.
73 home visits.

Broughton and Regent Centres and Claremont Open-Air School.

Children still on the register from the previous year number 51 (Broughton, 24 ; Regent Street, 19 ; Claremont, 8).

New cases admitted during the year for treatment total 52. Of these (all in the Broughton area) 6 failed to attend ; 3 were defaulters, 1 was ill, and in the other 2 cases the mother was unable to bring the child. Actual number treated, 46. (Broughton, 20 ; Regent/Ordsall, 19 ; Claremont, 7). Six of these were re-admissions after previous provisional or temporary discharge. General total, 97.

Broughton Centre.

From previous year.		*During this year.*	
Dyslalia	1	Dyslalia	2
Sigmatism and Dyslalia	9	Sigmatism and Dyslalia	9
Stammer	11	Stammer	6
Lalling (defective "R") and Stammer	2	Stammer and Dyslalia	2
Cleft Palate	1	Lalling and Dysphonia (disordered voice)	1
Total	24	Total	20

Regent/Ordsall Centre.

From previous year.		*During this year.*	
Dyslalia	7	Lalling	1
Sigmatism and Dyslalia	8	Dyslalia	4
Stammer	3	Sigmatism	1
Sigmatism and Stammer	1	Sigmatism and Dyslalia	11
		Stammer	2
Total	19	Total	19

Claremont Open-Air School.

From previous year.		*During this year.*	
Dyslalia	2	Dyslalia	3
Sigmatism	2	Sigmatism	2
Sigmatism and Dyslalia	3	Sigmatism and Dyslalia	1
Stammer, Sigmatism and Dyslalia	1	Stammer	1
Total	8	Total	7

Children interviewed and awaiting admission number 18 (Broughton 13, ; Ordsall, 4 ; Claremont, 1).

In addition, there are 4 children awaiting re-admission, 3 being transfers from another school.

Called for interview but failed to attend, 10 (one of these later found to have left Salford).

On waiting list and not yet seen, 90. Twenty-eight of these are from the previous year.

Thirteen children have been found no longer requiring treatment.

Discharges.

Final satisfactory	17
Final fairly satisfactory	5
Provisional	10
Further improvement unlikely at present	3
For special treatment	2
Left Salford (3 being nearly ready for provisional discharge)	4
Transferred out of area	7
Defaulted	2
Lapsed	14
Stood down temporarily	1
Total	65

Total attendance for treatment ... 1,721
(Broughton, 832 ; Regent/Ordsall, 697 ; Claremont, 192).

There were 90 home visits (23 of these, no reply to knock) and 16 visits to schools,

CHIROPODY SURVEY SUMMARY, 1957.

Age Group (years)	5 to 6				7 to 8				9 to 10				11 to 12				13 to 15				Total				
Sex	M		F		M		F		M		F		M		F		M		F		M		F		Total
Defect Group	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	
Corns	—	4	1	2	—	2	—	2	—	2	—	2	—	4	—	19	—	5	1	28	—	17	2	53	72
Verruca	—	2	—	—	—	—	—	—	—	2	—	4	—	5	—	8	—	2	—	3	—	11	—	15	26
Weak Long Arch	47	15	33	16	25	14	31	26	22	12	49	24	22	16	44	56	20	19	73	51	136	76	230	173	615
Footwear Degrees of Accuracy in Fitting ...	53	25	66	42	41	15	70	32	33	20	90	34	66	10	132	97	67	16	163	148	260	86	521	353	1220
Defects of Lesser Toes ...	12	35	8	34	4	20	10	11	5	11	5	15	2	9	16	24	5	6	23	31	28	81	62	115	286
Hallux Valgus	26	3	25	9	20	3	34	7	24	2	57	18	40	—	78	29	68	2	152	75	178	10	346	138	672
Nails	—	—	—	1	—	—	—	—	—	1	—	—	—	2	3	1	4	3	2	3	4	6	5	5	20
Total	138	84	133	104	90	54	145	78	84	50	201	97	130	46	273	234	164	53	414	339	606	287	1166	852	2911
Total Number of Children Examined Males and Females	310		320		209		279		214		272		250		419		269		534		1252		1824		
Total Number of Males and Females Examined	630				488				486				669				803				3076				